

Fill in this information to identify your case:

United States Bankruptcy Court for the:

WESTERN DISTRICT OF NEW YORK

Case number (if known) \_\_\_\_\_

Chapter you are filing under:

☐ Chapter 7

☒ Chapter 11

☐ Chapter 12

☐ Chapter 13

☐ Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

About Debtor 1:

About Debtor 2 (Spouse Only in a Joint Case):

1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

**Farkad**

First name

Middle name

**Balaya**

Last name and Suffix (Sr., Jr., II, III)

First name

Middle name

Last name and Suffix (Sr., Jr., II, III)

2. All other names you have used in the last 8 years

Include your married or maiden names.

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

xxx-xx-6395

**About Debtor 1:****About Debtor 2 (Spouse Only in a Joint Case):****4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years**Include trade names and *doing business as* names☐ I have not used any business name or EINs.**FDBA Farkad Balaya, MD, PLLC**

Business name(s)

EINs

☐ I have not used any business name or EINs.

Business name(s)

EINs

**5. Where you live****155 Main Street  
Hamburg, NY 14075**

Number, Street, City, State &amp; ZIP Code

**Erie**

County

**If your mailing address is different from the one above, fill it in here.** Note that the court will send any notices to you at this mailing address.**Post Office Box 850  
Hamburg, NY 14075-0850**

Number, P.O. Box, Street, City, State &amp; ZIP Code

**If Debtor 2 lives at a different address:**

Number, Street, City, State &amp; ZIP Code

County

**If Debtor 2's mailing address is different from yours, fill it in here.** Note that the court will send any notices to this mailing address.

Number, P.O. Box, Street, City, State &amp; ZIP Code

**6. Why you are choosing this district to file for bankruptcy**

Check one:

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.☐ I have another reason.  
Explain. (See 28 U.S.C. § 1408.)

Check one:

☐ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.☐ I have another reason.  
Explain. (See 28 U.S.C. § 1408.)

**Part 2: Tell the Court About Your Bankruptcy Case**

- 7. The chapter of the Bankruptcy Code you are choosing to file under** *Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.*
- ☐ Chapter 7
- ☒ Chapter 11
- ☐ Chapter 12
- ☐ Chapter 13
- 
- 8. How you will pay the fee** ☒ **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
- ☐ **I need to pay the fee in installments.** If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).
- ☐ **I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.
- 
- 9. Have you filed for bankruptcy within the last 8 years?** ☒ No.
- ☐ Yes.
- |                |            |                   |
|----------------|------------|-------------------|
| District _____ | When _____ | Case number _____ |
| District _____ | When _____ | Case number _____ |
| District _____ | When _____ | Case number _____ |
- 
- 10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?** ☒ No.
- ☐ Yes.
- |                             |                           |
|-----------------------------|---------------------------|
| Debtor _____                | Relationship to you _____ |
| District _____              | When _____                |
| Case number, if known _____ |                           |
| Debtor _____                | Relationship to you _____ |
| District _____              | When _____                |
| Case number, if known _____ |                           |
- 
- 11. Do you rent your residence?** ☒ No. Go to line 12.
- ☐ Yes. Has your landlord obtained an eviction judgment against you?
- ☐ No. Go to line 12.
- ☐ Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it as part of this bankruptcy petition.

**Part 3: Report About Any Businesses You Own as a Sole Proprietor****12. Are you a sole proprietor of any full- or part-time business?**☒ No. Go to Part 4.☐ Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any

Number, Street, City, State &amp; ZIP Code

Check the appropriate box to describe your business:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ None of the above

**13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?**

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. 1116(1)(B).

☐ No. I am not filing under Chapter 11.☒ No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.☐ Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.**Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention****14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**☒ No.☐ Yes. What is the hazard?

If immediate attention is needed, why is it needed?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

Where is the property?

Number, Street, City, State &amp; Zip Code

**Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling****15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

**About Debtor 1:**

*You must check one:*

- ☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

- ☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ **I am not required to receive a briefing about credit counseling because of:**

- ☐ **Incapacity.**  
I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.
- ☐ **Disability.**  
My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.
- ☐ **Active duty.**  
I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

**About Debtor 2 (Spouse Only in a Joint Case):**

*You must check one:*

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

- ☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ **I am not required to receive a briefing about credit counseling because of:**

- ☐ **Incapacity.**  
I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.
- ☐ **Disability.**  
My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.
- ☐ **Active duty.**  
I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

**Part 6: Answer These Questions for Reporting Purposes**

16. What kind of debts do you have?	16a.	<b>Are your debts primarily consumer debts?</b> <i>Consumer debts</i> are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input checked="" type="checkbox"/> No. Go to line 16b. <input type="checkbox"/> Yes. Go to line 17.
	16b.	<b>Are your debts primarily business debts?</b> <i>Business debts</i> are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. <input type="checkbox"/> No. Go to line 16c. <input checked="" type="checkbox"/> Yes. Go to line 17.
	16c.	State the type of debts you owe that are not consumer debts or business debts

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17. Are you filing under Chapter 7?	<input checked="" type="checkbox"/> No.  <input type="checkbox"/> Yes.	I am not filing under Chapter 7. Go to line 18.  I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?  <input type="checkbox"/> No <input type="checkbox"/> Yes
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18. How many Creditors do you estimate that you owe?	<input checked="" type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999	<input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5001-10,000 <input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> More than 100,000
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19. How much do you estimate your assets to be worth?	<input type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input checked="" type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion
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20. How much do you estimate your liabilities to be?	<input type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million	<input checked="" type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion
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**Part 7: Sign Below****For you**

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**/s/ Farkad Balaya****Farkad Balaya**

Signature of Debtor 1

Signature of Debtor 2

Executed on **February 18, 2019**  
MM / DD / YYYYExecuted on  
MM / DD / YYYY

Debtor 1 **Farkad Balaya**

Case number (if known)

**For your attorney, if you are represented by one**

**If you are not represented by an attorney, you do not need to file this page.**

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

**/s/ Daniel F. Brown**

Signature of Attorney for Debtor

Date

**February 18, 2019**

MM / DD / YYYY

**Daniel F. Brown**

Printed name

**Andreozzi Bluestein LLP**

Firm name

**9145 Main Street**

**Clarence, NY 14031**

Number, Street, City, State & ZIP Code

Contact phone **(716) 633-3200**

Email address

**NY**

Bar number & State

Debtor 1	<b>Farkad Balaya</b>		
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	WESTERN DISTRICT OF NEW YORK		
Case number			
(if known)			

B 104

## 12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information.

### Unsecured claim

**Deficiency Balance for Auto Loan (vehicle returned) \$ \$19,833.99**

☐ Contingent  
☐ Unliquidated  
☐ Disputed  
☒ None of the above apply

**Does the creditor have a lien on your property?**

☐ No  
☐ Yes. Total claim (secured and unsecured) \$ \_\_\_\_\_  
                   Value of security: - \$ \_\_\_\_\_  
                   Unsecured claim \$ \_\_\_\_\_

Computers and monitor, office table and chairs, minor medical tools and equipment and supplies (all other equipment at office location is owned by Inv	\$ \$75,557.46
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Contingent



Debtor 1 **Farkad Balaya** Case number (if known) \_\_\_\_\_

- ☒ Unliquidated  
☒ Disputed  
☐ None of the above apply

**Does the creditor have a lien on your property?**

- ☐ No  
☒ Yes. Total claim (secured and unsecured) \$ **\$75,557.46**  
Value of security: - \$ **\$5,000.00**  
Unsecured claim \$ **\$75,557.46**

Contact

Contact phone

**3**

**Capital One**  
**Post Office Box 30285**  
**Salt Lake City, UT 84130-0285**

**What is the nature of the claim?** Credit Card Purchases \$ **\$1,388.00**

**As of the date you file, the claim is:** Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
☒ None of the above apply

**Does the creditor have a lien on your property?**

- ☒ No  
☐ Yes. Total claim (secured and unsecured) \$ \_\_\_\_\_  
Value of security: - \$ \_\_\_\_\_  
Unsecured claim \$ \_\_\_\_\_

Contact

Contact phone

**4**

**Capital One**  
**Post Office Box 30285**  
**Salt Lake City, UT 84130-0285**

**What is the nature of the claim?** Credit Card Purchases \$ **\$76.00**

**As of the date you file, the claim is:** Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
☒ None of the above apply

**Does the creditor have a lien on your property?**

- ☒ No  
☐ Yes. Total claim (secured and unsecured) \$ \_\_\_\_\_  
Value of security: - \$ \_\_\_\_\_  
Unsecured claim \$ \_\_\_\_\_

Contact

Contact phone

**5**

**Chase Card Services**  
**Post Office Box 15298**  
**Wilmington, DE 19850**

**What is the nature of the claim?** Credit Card Purchases \$ **\$109.00**

**As of the date you file, the claim is:** Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
☒ None of the above apply

**Does the creditor have a lien on your property?**

- ☒ No  
☐ Yes. Total claim (secured and unsecured) \$ \_\_\_\_\_  
Value of security: - \$ \_\_\_\_\_  
Unsecured claim \$ \_\_\_\_\_

Contact

Contact phone

6

**E.C. Mortgage Co., Inc.**  
**905 Harlem Road**  
**West Seneca, NY 14224**

## Contact

Contact phone

### What is the nature of the claim?

Personal Guaranty for Business Debt (lawsuit on appeal)	\$ \$70,009.96
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**As of the date you file, the claim is:** Check all that apply

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed  
☐ None of the above apply

### Does the creditor have a lien on your property?

- ☐ No  
☐ Yes. Total claim (secured and unsecured) \$ \_\_\_\_\_  
                   Value of security: - \$ \_\_\_\_\_  
                   Unsecured claim \$ \_\_\_\_\_

7

**GM Financial**  
**Post Office Box 182963**  
**Arlington, TX 76096-2963**

## Contact

Contact phone

### What is the nature of the claim?

**Deficiency Balance for \$ \$9,665.31**  
**Auto Loan (vehicle**  
**returned)**

**As of the date you file, the claim is:** Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
☒ None of the above apply

**Does the creditor have a lien on your property?**

- ☐ No  
☐ Yes. Total claim (secured and unsecured) \$ \_\_\_\_\_  
                   Value of security: - \$ \_\_\_\_\_  
                   Unsecured claim \$ \_\_\_\_\_

8

**Hamburg Town Prosecutor  
Town of Hamburg Justice Center  
S-6100 South Park Avenue  
Hamburg, NY 14075**

## Contact

Contact phone

### What is the nature of the claim?

**Lawsuit Pending - Notice Only**                      \$ \$1.00

**As of the date you file, the claim is:** Check all that apply

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed  
☐ None of the above apply

**Does the creditor have a lien on your property?**

- ☐ No  
☐ Yes. Total claim (secured and unsecured) \$ \_\_\_\_\_  
                   Value of security: - \$ \_\_\_\_\_  
                   Unsecured claim \$ \_\_\_\_\_

9

**Internal Revenue Service  
Centralized Insolvency  
Operations**

### What is the nature of the claim?

<b>Income Tax and Interest</b>	<b>\$ \$535,462.31</b>
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**Post Office Box 7346  
Philadelphia, PA 19101-7346**

**As of the date you file, the claim is:** Check all that apply

- ☐ Contingent  
☒ Unliquidated  
☐ Disputed  
☐ None of the above apply

Contact

Contact phone

**Does the creditor have a lien on your property?**

- ☒ No  
☐ Yes. Total claim (secured and unsecured) \$ \_\_\_\_\_  
Value of security: - \$ \_\_\_\_\_  
Unsecured claim \$ \_\_\_\_\_

**10**

**Internal Revenue Service  
Centralized Insolvency  
Operations  
Post Office Box 7346  
Philadelphia, PA 19101-7346**

**What is the nature of the claim?** Income Tax Penalties \$ **\$191,347.09**

**As of the date you file, the claim is:** Check all that apply

- ☐ Contingent  
☒ Unliquidated  
☐ Disputed  
☐ None of the above apply

Contact

Contact phone

**Does the creditor have a lien on your property?**

- ☒ No  
☐ Yes. Total claim (secured and unsecured) \$ \_\_\_\_\_  
Value of security: - \$ \_\_\_\_\_  
Unsecured claim \$ \_\_\_\_\_

**11**

**Keybank Cardmember Service  
Post Office Box 790408  
Saint Louis, MO 63179**

**What is the nature of the claim?** Personal Guaranty for Business Credit Card \$ **\$28,057.53**

**As of the date you file, the claim is:** Check all that apply

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed  
☐ None of the above apply

Contact

Contact phone

**Does the creditor have a lien on your property?**

- ☒ No  
☐ Yes. Total claim (secured and unsecured) \$ \_\_\_\_\_  
Value of security: - \$ \_\_\_\_\_  
Unsecured claim \$ \_\_\_\_\_

**12**

**KeyBank National Association  
Commercial Loan Department  
Post Office Box 94525**

**What is the nature of the claim?** Computers and monitor, office table and chairs, minor medical tools and equipment and supplies (all other equipment at office location is owned by Inv \$ **\$46,954.73**

**Cleveland, OH 44101-4525**

**As of the date you file, the claim is:** Check all that apply

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed  
☐ None of the above apply

Contact

Contact phone

**Does the creditor have a lien on your property?**

- ☐ No  
☒ Yes. Total claim (secured and unsecured) \$ **\$51,954.73**  
Value of security: - \$ **\$5,000.00**  
Unsecured claim \$ **\$46,954.73**

**13**

**OB/GYN Associates of Western  
New York  
4845 Transit Road, Suite B  
Depew, NY 14043**

**What is the nature of the claim?**

**Disputed amount  
claimed owed to  
former employer** \$ **\$84,456.36**

**As of the date you file, the claim is:** Check all that apply

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed  
☐ None of the above apply

Contact

Contact phone

**Does the creditor have a lien on your property?**

- ☒ No  
☐ Yes. Total claim (secured and unsecured) \$ \_\_\_\_\_  
Value of security: - \$ \_\_\_\_\_  
Unsecured claim \$ \_\_\_\_\_

**14**

**Orthodontists Associates of  
Western  
New York PC  
4031 Legion Drive  
Hamburg, NY 14075**

**What is the nature of the claim?**

**Children's  
orthodontics** \$ **\$5,264.00**

**As of the date you file, the claim is:** Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
☒ None of the above apply

Contact

Contact phone

**Does the creditor have a lien on your property?**

- ☒ No  
☐ Yes. Total claim (secured and unsecured) \$ \_\_\_\_\_  
Value of security: - \$ \_\_\_\_\_  
Unsecured claim \$ \_\_\_\_\_

**15**

**Principis Capital  
499 Chestnut Street, Suite 108  
Cedarhurst, NY 11516**

**What is the nature of the claim?**

**Personal Guaranty for  
Business Loan** \$ **\$13,520.00**

**As of the date you file, the claim is:** Check all that apply

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed  
☐ None of the above apply

**Does the creditor have a lien on your property?**

- ☒ No
- ☐ Yes. Total claim (secured and unsecured) \$ \_\_\_\_\_
- Value of security: - \$ \_\_\_\_\_
- Unsecured claim \$ \_\_\_\_\_

Contact \_\_\_\_\_

Contact phone \_\_\_\_\_

**16**

**Samuel A. Weissman, MD**  
**7379 East Vaquero Drive**  
**Scottsdale, AZ 85258**

**What is the nature of the claim?**

**Personal Guaranty for Business Loan** \$ **\$24,000.00**

**As of the date you file, the claim is:** Check all that apply

- ☒ Contingent
- ☒ Unliquidated
- ☒ Disputed
- ☐ None of the above apply

**Does the creditor have a lien on your property?**

- ☒ No
- ☐ Yes. Total claim (secured and unsecured) \$ \_\_\_\_\_
- Value of security: - \$ \_\_\_\_\_
- Unsecured claim \$ \_\_\_\_\_

Contact \_\_\_\_\_

Contact phone \_\_\_\_\_

**17**

**Sprint Nextel Correspondence**  
**Attn: Bankruptcy Department**  
**Post Office Box 7949**  
**Overland Park, KS 66207-0949**

**What is the nature of the claim?**

**Telephone** \$ **\$3,420.60**

**As of the date you file, the claim is:** Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed
- ☒ None of the above apply

**Does the creditor have a lien on your property?**

- ☒ No
- ☐ Yes. Total claim (secured and unsecured) \$ \_\_\_\_\_
- Value of security: - \$ \_\_\_\_\_
- Unsecured claim \$ \_\_\_\_\_

Contact \_\_\_\_\_

Contact phone \_\_\_\_\_

**18**

**Sunrise Medical Group**  
**3065 Southwestern Boulevard,**  
**Suite 102**  
**Orchard Park, NY 14127**

**What is the nature of the claim?**

**Medical Bills** \$ **\$40.00**

**As of the date you file, the claim is:** Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed
- ☒ None of the above apply

**Does the creditor have a lien on your property?**

- ☒ No
- ☐ Yes. Total claim (secured and unsecured) \$ \_\_\_\_\_
- Value of security: - \$ \_\_\_\_\_
- Unsecured claim \$ \_\_\_\_\_

Contact \_\_\_\_\_

Contact phone \_\_\_\_\_

**19**

**Verizon Wireless**

**What is the nature of the claim?**

**Personal Telephone** \$ **\$1.00**

Debtor 1 **Farkad Balaya** Case number (if known) \_\_\_\_\_

**Bankruptcy Administration**  
**500 Technology Drive, Suite 550**  
**Weldon Spring, MO 63304**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☒ Unliquidated  
☐ Disputed  
☐ None of the above apply

Does the creditor have a lien on your property?

- ☒ No  
☐ Yes. Total claim (secured and unsecured) \$ \_\_\_\_\_  
Value of security: - \$ \_\_\_\_\_  
Unsecured claim \$ \_\_\_\_\_

Contact

Contact phone

20

What is the nature of the claim?

**Deficiency Balance for \$ \$8,033.70**  
**Auto Lease (vehicle**  
**returned)**

**VW Credit, Inc.**  
**1401 Franklin Boulevard**  
**Libertyville, IL 60048**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
☒ None of the above apply

Does the creditor have a lien on your property?

- ☒ No  
☐ Yes. Total claim (secured and unsecured) \$ \_\_\_\_\_  
Value of security: - \$ \_\_\_\_\_  
Unsecured claim \$ \_\_\_\_\_

Contact

Contact phone

**Part 2: Sign Below**

Under penalty of perjury, I declare that the information provided in this form is true and correct.

X /s/ Farkad Balaya  
**Farkad Balaya**  
Signature of Debtor 1

X \_\_\_\_\_  
Signature of Debtor 2

Date **February 18, 2019**

Date \_\_\_\_\_

**Fill in this information to identify your case:**

Debtor 1	<b>Farkad Balaya</b>		
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	WESTERN DISTRICT OF NEW YORK		
Case number			
(if known)			

☐ Check if this is an amended filing

## Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

#### Part 1: Summarize Your Assets

		Your assets Value of what you own
1.	<b>Schedule A/B: Property</b> (Official Form 106A/B)	
1a.	Copy line 55, Total real estate, from Schedule A/B.....	\$ <b>150,188.67</b>
1b.	Copy line 62, Total personal property, from Schedule A/B.....	\$ <b>58,371.97</b>
1c.	Copy line 63, Total of all property on Schedule A/B.....	\$ <b>208,560.64</b>

#### Part 2: Summarize Your Liabilities

		Your liabilities Amount you owe
2.	<b>Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 106D)	
2a.	Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ...	\$ <b>354,627.87</b>
3.	<b>Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 106E/F)	
3a.	Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> .....	\$ <b>535,464.31</b>
3b.	Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i> .....	\$ <b>459,227.54</b>
<b>Your total liabilities</b>		\$ <b>1,349,319.72</b>

#### Part 3: Summarize Your Income and Expenses

4.	<b>Schedule I: Your Income</b> (Official Form 106I)	
	Copy your combined monthly income from line 12 of <i>Schedule I</i> .....	\$ <b>47,339.52</b>
5.	<b>Schedule J: Your Expenses</b> (Official Form 106J)	
	Copy your monthly expenses from line 22c of <i>Schedule J</i> .....	\$ <b>41,275.77</b>

#### Part 4: Answer These Questions for Administrative and Statistical Records

6. **Are you filing for bankruptcy under Chapters 7, 11, or 13?**
- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- ☒ Yes
7. **What kind of debt do you have?**
- ☐ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- ☒ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. *Check this box* and submit this form to the court with your other schedules.

Debtor 1 **Farkad Balaya**

Case number (if known) \_\_\_\_\_

8. **From the *Statement of Your Current Monthly Income*:** Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$ \_\_\_\_\_

9. **Copy the following special categories of claims from Part 4, line 6 of *Schedule E/F*:**

From Part 4 on <i>Schedule E/F</i> , copy the following:		Total claim
9a. Domestic support obligations (Copy line 6a.)	\$	<b>1.00</b>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	<b>535,463.31</b>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	<b>0.00</b>
9d. Student loans. (Copy line 6f.)	\$	<b>0.00</b>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	<b>0.00</b>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	<b>0.00</b>
9g. <b>Total.</b> Add lines 9a through 9f.	\$	<b>535,464.31</b>



Fill in this information to identify your case and this filing:

Debtor 1	<b>Farkad Balaya</b>		
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	WESTERN DISTRICT OF NEW YORK		
Case number			

☐ Check if this is an amended filing

## Official Form 106A/B

### Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In**

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

☐ No. Go to Part 2.

☒ Yes. Where is the property?

1.1

**155 Main Street**

Street address, if available, or other description

<b>Hamburg</b>	<b>NY</b>	<b>14075-0000</b>
City	State	ZIP Code

**Erie**

County

What is the property? Check all that apply

- ☐ Single-family home
- ☒ Duplex or multi-unit building
- ☐ Condominium or cooperative
- ☐ Manufactured or mobile home
- ☐ Land
- ☐ Investment property
- ☐ Timeshare
- ☐ Other

Who has an interest in the property? Check one

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?	Current value of the portion you own?
<b>\$124,000.00</b>	<b>\$124,000.00</b>

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

☐ Check if this is community property (see instructions)

**If you own or have more than one, list here:**

1.2

**231 Pierce Avenue**

Street address, if available, or other description

**Hamburg NY 14075-0000**

City State ZIP Code

**Erie**

County

**What is the property?** Check all that apply

- ☒ Single-family home  
☐ Duplex or multi-unit building  
☐ Condominium or cooperative  
☐ Manufactured or mobile home  
☐ Land  
☐ Investment property  
☐ Timeshare  
☐ Other \_\_\_\_\_

**Who has an interest in the property?** Check one

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☒ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

**1/3 ownership interest in former marital residence; total assessed value of \$339,200.00; outstanding mortgages in the amount of \$260,639.99; Debtor's 1/3 equity is approximately \$26,186.67; property is to be deeded to ex-wife pursuant to Separation Agreement**

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

**\$26,186.67**

Current value of the portion you own?

**\$26,186.67**

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

☐ Check if this is community property (see instructions)**If you own or have more than one, list here:**

1.3

**38 Duncan Street, Suite 3**

Street address, if available, or other description

**Warsaw NY 14569-0000**

City State ZIP Code

**Wyoming**

County

**What is the property?** Check all that apply

- ☐ Single-family home  
☐ Duplex or multi-unit building  
☐ Condominium or cooperative  
☐ Manufactured or mobile home  
☐ Land  
☐ Investment property  
☐ Timeshare  
☐ Other \_\_\_\_\_

**Who has an interest in the property?** Check one

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

**Market value for lease (unliquidated)**Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

**\$1.00**

Current value of the portion you own?

**\$1.00**

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

☐ Check if this is community property (see instructions)

**If you own or have more than one, list here:**

1.4

**2625 Delaware Avenue**

Street address, if available, or other description

**Buffalo NY 14216-0000**

City State ZIP Code

**Erie**

County

**What is the property?** Check all that apply

- ☐ Single-family home
- ☐ Duplex or multi-unit building
- ☐ Condominium or cooperative
- ☐ Manufactured or mobile home
- ☐ Land
- ☐ Investment property
- ☐ Timeshare
- ☐ Other \_\_\_\_\_

**Who has an interest in the property?** Check one

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

**Market value for lease (unliquidated)**Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

**\$1.00**

Current value of the portion you own?

**\$1.00**

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

☐ Check if this is community property (see instructions)

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=&gt;

**\$150,188.67****Part 2: Describe Your Vehicles**Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

## 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

☐ No☒ Yes3.1 Make: **Mercedes Benz**Model: **GL450**Year: **2011**

Approximate mileage: \_\_\_\_\_

Other information: \_\_\_\_\_

**Market value for lease (unliquidated)****Who has an interest in the property?** Check one

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ Check if this is community property (see instructions)Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

**\$1.00**

Current value of the portion you own?

**\$1.00**3.2 Make: **Mercedes Benz**Model: **GL**Year: **2011**

Approximate mileage: \_\_\_\_\_

Other information: \_\_\_\_\_

**Market value for lease (unliquidated)****Who has an interest in the property?** Check one

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ Check if this is community property (see instructions)Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

**\$1.00**

Current value of the portion you own?

**\$1.00**

Debtor 1 **Farkad Balaya**

Case number (if known) \_\_\_\_\_

3.3 Make: **Buick**  
Model: **Regal**  
Year: **2014**  
Approximate mileage: \_\_\_\_\_  
Other information: \_\_\_\_\_

**Market value for lease  
(unliquidated)**

Who has an interest in the property? Check one

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this is community property  
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the  
entire property?

Current value of the  
portion you own?

**\$1.00**

**\$1.00**

**4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories**  
*Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories*

- ☒ No  
☐ Yes

5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=>

**\$3.00**

**Part 3: Describe Your Personal and Household Items**

Do you own or have any legal or equitable interest in any of the following items?

Current value of the  
portion you own?  
Do not deduct secured  
claims or exemptions.

**6. Household goods and furnishings**

*Examples: Major appliances, furniture, linens, china, kitchenware*

- ☐ No  
☒ Yes. Describe.....

**Assorted household goods**

**\$5,000.00**

**7. Electronics**

*Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games*

- ☐ No  
☒ Yes. Describe.....

**Assorted electronics**

**\$2,225.00**

**8. Collectibles of value**

*Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles*

- ☐ No  
☒ Yes. Describe.....

**Assorted books and pictures and stamp collection**

**\$1,700.00**

**9. Equipment for sports and hobbies**

*Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments*

- ☐ No  
☒ Yes. Describe.....

**Ping pong table**

**\$50.00**

**10. Firearms**

*Examples: Pistols, rifles, shotguns, ammunition, and related equipment*

- ☒ No

Debtor 1 **Farkad Balaya**

Case number (if known) \_\_\_\_\_

☐ Yes. Describe.....**11. Clothes***Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories☐ No☒ Yes. Describe.....**Assorted clothing****\$2,000.00****12. Jewelry***Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver☐ No☒ Yes. Describe.....**Wedding ring and 2 watches****\$310.00****13. Non-farm animals***Examples:* Dogs, cats, birds, horses☐ No☒ Yes. Describe.....**Dog and cat and supplies****\$1.00****14. Any other personal and household items you did not already list, including any health aids you did not list**☒ No☐ Yes. Give specific information.....**15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here .....****\$11,286.00****Part 4: Describe Your Financial Assets****Do you own or have any legal or equitable interest in any of the following?****Current value of the portion you own?**  
Do not deduct secured claims or exemptions.**16. Cash***Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition☐ No☒ Yes.....**Cash****\$2,000.00****17. Deposits of money***Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.☐ No☒ Yes.....

Institution name:

**17.1. Investment Account****Ameritrade****\$106.90****17.2. Investment Account****Scottrade (no funds were ever deposited into account)****\$0.00****17.3. Electronic currency Coinbase****\$705.37**

17.4.	<b>Electronic currency</b>	<b>Bitrix</b>	<b>\$3,901.43</b>
17.5.	<b>Business checking, account ending in 2589</b>	<b>Bank of America (overdrawn/negative balance)</b>	<b>\$0.00</b>
17.6.	<b>Business checking, account ending in 4417</b>	<b>Bank of America</b>	<b>\$24.37</b>
17.7.	<b>Business checking, account ending in 4433</b>	<b>Bank of America</b>	<b>\$216.58</b>
17.8.	<b>Personal checking, account ending in 2359</b>	<b>Bank of America (zero balance)</b>	<b>\$0.00</b>
17.9.	<b>Checking, account ending in 9149</b>	<b>M&amp;T Bank</b>	<b>\$60.00</b>
17.10	<b>Savings, account ending in 3762</b>	<b>M&amp;T Bank (zero balance)</b>	<b>\$0.00</b>
17.11	<b>Checking, account ending in 6170</b>	<b>Capital One</b>	<b>\$18.25</b>

**18. Bonds, mutual funds, or publicly traded stocks***Examples: Bond funds, investment accounts with brokerage firms, money market accounts*☒ No☐ Yes..... Institution or issuer name:**19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture**☐ No☒ Yes. Give specific information about them.....

Name of entity:

% of ownership:

**Farkad Balaya, MD, PLLC - see attached statement****100%** %**\$1.00****Farkad Balaya, MD, PC (Debtor formed corporation in 2018 but never conducted any business) (unliquidated)****100%** %**\$1.00****20. Government and corporate bonds and other negotiable and non-negotiable instruments***Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.☒ No☐ Yes. Give specific information about them

Issuer name:

**21. Retirement or pension accounts***Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans*☒ No☐ Yes. List each account separately.

Type of account:

Institution name:

**22. Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

*Examples:* Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others☐ No☒ Yes. ....

Institution name or individual:

**Security deposit for lease Delaware Place Associates, LLC****\$3,515.07****23. Annuities** (A contract for a periodic payment of money to you, either for life or for a number of years)☒ No☐ Yes..... Issuer name and description.**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☒ No☐ Yes..... Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**☒ No☐ Yes. Give specific information about them...**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property***Examples:* Internet domain names, websites, proceeds from royalties and licensing agreements☒ No☐ Yes. Give specific information about them...**27. Licenses, franchises, and other general intangibles***Examples:* Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses☐ No☒ Yes. Give specific information about them...**New York State medical license (unliquidated)****\$1.00****New York State obstetrics and gynecology license (unliquidated)****\$1.00****Money or property owed to you?****Current value of the portion you own?**  
Do not deduct secured claims or exemptions.**28. Tax refunds owed to you**☒ No☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years.....**29. Family support***Examples:* Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement☒ No☐ Yes. Give specific information.....**30. Other amounts someone owes you***Examples:* Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else☒ No☐ Yes. Give specific information..**31. Interests in insurance policies***Examples:* Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance☐ No☒ Yes. Name the insurance company of each policy and list its value.

Debtor 1 **Farkad Balaya** Case number (if known)

Company name:

Beneficiary:

Surrender or refund value:

**Whole life insurance policy with Mass Mutual, policy number ending in 3467 (cash surrender value)**

**Debtor's ex-wife**

**\$567.00**

**Whole life insurance policy with Mass Mutual, policy number ending in 8585 (cash surrender value)**

**Debtor's ex-wife**

**\$34.00**

**Term life insurance policy with Mass Mutual, policy number ending in 8574 (no cash surrender value)**

**Debtor's ex-wife**

**\$0.00**

**Disability insurance policy with Mass Mutual, policy number ending in 8078**

**N/A**

**\$0.00**

**Whole life insurance policy with Mass Mutual, policy number ending in 8185 (no cash surrender value)**

**Debtor's ex-wife**

**\$0.00**

**32. Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

☒ No

☐ Yes. Give specific information..

**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment**

Examples: Accidents, employment disputes, insurance claims, or rights to sue

☐ No

☒ Yes. Describe each claim.....

**Claim against former employer, OB/GYN Associates of Western New York, for an accounting and for unpaid compensation (unliquidated)**

**Unknown**

**Potential claim for restitution against Tarek D. Bahgat regarding prior investments (unliquidated)**

**Unknown**

**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**

☒ No

☐ Yes. Describe each claim.....

**35. Any financial assets you did not already list**

☒ No

☐ Yes. Give specific information..

**36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....**

**\$11,152.97**

**Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.**

**37. Do you own or have any legal or equitable interest in any business-related property?**

☐ No. Go to Part 6.

☒ Yes. Go to line 38.



**Current value of the portion you own?**  
Do not deduct secured claims or exemptions.

**38. Accounts receivable or commissions you already earned**

- ☒ No  
☐ Yes. Describe.....

**39. Office equipment, furnishings, and supplies**

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

- ☒ No  
☐ Yes. Describe.....

**40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade**

- ☐ No  
☒ Yes. Describe.....

Computers and monitor, office table and chairs, minor medical tools and equipment and supplies (all other equipment at office location is owned by Invision Health)

**\$5,000.00**

Samsung HS40 Ultrasound Package

**\$30,930.00****41. Inventory**

- ☒ No  
☐ Yes. Describe.....

**42. Interests in partnerships or joint ventures**

- ☒ No  
☐ Yes. Give specific information about them.....  
Name of entity:

% of ownership:

**43. Customer lists, mailing lists, or other compilations**

- ☒ No.  
☐ Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?  
☒ No  
☐ Yes. Describe.....

**44. Any business-related property you did not already list**

- ☒ No  
☐ Yes. Give specific information.....

**45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here.....****\$35,930.00**

**Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.**  
If you own or have an interest in farmland, list it in Part 1.

**46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?**

- ☒ No. Go to Part 7.  
☐ Yes. Go to line 47.

**Part 7:** Describe All Property You Own or Have an Interest in That You Did Not List Above**53. Do you have other property of any kind you did not already list?***Examples: Season tickets, country club membership*☒ No☐ Yes. Give specific information.....**54. Add the dollar value of all of your entries from Part 7. Write that number here .....****\$0.00****Part 8:** List the Totals of Each Part of this Form

<b>55. Part 1: Total real estate, line 2 .....</b>		<b>\$150,188.67</b>
<b>56. Part 2: Total vehicles, line 5</b>	<b>\$3.00</b>	
<b>57. Part 3: Total personal and household items, line 15</b>	<b>\$11,286.00</b>	
<b>58. Part 4: Total financial assets, line 36</b>	<b>\$11,152.97</b>	
<b>59. Part 5: Total business-related property, line 45</b>	<b>\$35,930.00</b>	
<b>60. Part 6: Total farm- and fishing-related property, line 52</b>	<b>\$0.00</b>	
<b>61. Part 7: Total other property not listed, line 54</b>	<b>+</b> <b>\$0.00</b>	
<b>62. Total personal property. Add lines 56 through 61...</b>	<b>\$58,371.97</b>	Copy personal property total <b>\$58,371.97</b>
<b>63. Total of all property on Schedule A/B. Add line 55 + line 62</b>		<b>\$208,560.64</b>

UNITED STATES BANKRUPTCY COURT  
WESTERN DISTRICT OF NEW YORK

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In re:

FARKAD BALAYA,

Case No.: 19-\_\_\_\_\_

Debtor.

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**ATTACHMENT TO SCHEDULE A/B – PERSONAL PROPERTY**

**QUESTION 19**

On December 26, 2018, in contemplation of this personal Chapter 11 bankruptcy filing, all assets used in Debtor Farkad Balaya's business, Farkad Balaya MD, PLLC (the "Business"), were sold to the Debtor, individually, in exchange for his assumption of the debts of the Business. Upon information and belief, some portion of those assets used in the Debtor's Business prior to December 26, 2018, had been acquired in the name of the Business and some portion of the assets used in the Debtor's Business had been acquired by the Debtor, individually, however, the Debtor does not have the ability to identify which was which. Upon information and belief, the Debtor was already personally liable for most, if not all, of the Business' obligations and the corporate debts assumed were of a value either comparable to or in excess of the value of the assets transferred to the Debtor.

A copy of the Agreement of Sale and Assignment is being filed herewith.

**ACTION UPON UNANIMOUS CONSENT**

**OF**

**SOLE MEMBER**

**OF**

**FARKAD BALAYA, MD, PLLC**

WHEREAS the sole member of FARKAD BALAYA, MD, PLLC, a New York professional limited liability company (the "Company"), believes that he will maximize the payments to creditors of the Company if the Company transfers all or substantially all of its assets to Farkad Balaya, in accordance with those terms as set forth in the agreement annexed hereto,

THE UNDERSIGNED, being the sole member of the Company, does hereby waive prior notice and the holding of a meeting, and takes the following actions, and adopts the following resolutions by written consent pursuant to Section 407 of the Limited Liability Company Law of the State of New York.

NOW, THEREFORE, BE IT

RESOLVED, that the Company is authorized to enter into an agreement to transfer all of its business assets to Farkad Balaya, subject to all outstanding liens, claims, encumbrances and obligations of the Company, in accordance with the transfer agreement annexed hereto;

RESOLVED FURTHER, that the sole member the Company be, and hereby is, authorized and empowered to take all actions necessary to transfer the business assets of the Company, subject to all outstanding liens, claims, encumbrances and obligations of the Company;

RESOLVED FURTHER, that the sole member the Company be, and hereby is, authorized and directed to take any and all further actions and to execute and deliver any and all such further instruments and documents and to pay all such expenses, where necessary or appropriate in order to carry out fully the intent and accomplish the purposes of the resolutions adopted herein;

RESOLVED FURTHER, that all actions taken by the sole member the Company or any matter related thereto, or by virtue of these resolutions, are hereby in all respects ratified, confirmed and approved;

RESOLVED FURTHER, that the sole member the Company be, and hereby is, authorized and empowered to do or cause to be done all such acts, deeds and things and to make, execute and deliver, or cause to be made, executed or delivered, all such agreements, undertakings, documents, instruments or certificates, in the name and on behalf of the Company

or otherwise, as he/she may deem necessary, advisable or appropriate to effectuate or fulfill the purposes and intent of the foregoing resolutions;

RESOLVED FURTHER, that this resolution shall constitute the minutes of the meeting of the sole member of the Company.

IN WITNESS WHEREOF, the undersigned has executed this Consent as of this 26 day of December, 2018.

A handwritten signature in black ink, appearing to read 'Farkad Balaya', is written over a horizontal line.

Farkad Balaya, Sole Member

## AGREEMENT OF SALE AND GENERAL ASSIGNMENT

**THIS AGREEMENT OF SALE AND GENERAL ASSIGNMENT** (the "Agreement") is entered into this 26<sup>th</sup> day of December, 2018 by and between Farkad Balaya ("Purchaser") and Farkad Balaya, MD, PLLC, a New York limited liability corporation ("Seller").

**WHEREAS**, Seller has agreed to sell, transfer, convey and deliver to Purchaser and Purchaser has agreed to acquire all personal property and assets of Seller, including, but not limited to, those items set forth in Schedule A attached hereto, which is intended to include any and all personal property of the Seller, including all equipment, inventory, accounts, contract rights, general intangibles and goods of the Seller which are owned by the Seller and which are used in connection with the Seller's business (the "Business Assets"); and

**WHEREAS**, by this Agreement, Seller desires to sell, transfer, convey and deliver to Purchaser the Business Assets and Purchaser desires to accept the sale, transfer, conveyance, and delivery thereof;

**NOW, THEREFORE**, in consideration of the mutual representations, warranties and covenants contained herein and for other good and valuable consideration the receipt and sufficiency of which are hereby acknowledged: (1) Seller hereby irrevocably sells, transfers, conveys and delivers to Purchaser all of Seller's right, title and interest in and to the Business Assets, subject to any and all outstanding liens, claims, encumbrances and obligations of Seller; to have and to hold the same unto Purchaser, its successors and assigns, forever; and (2) Purchaser hereby accepts the transfer, conveyance and delivery of the Business Assets and hereby agrees to assume all debts and other obligations of Seller, in exchange for Seller's conveyance to it of the Business Assets.

Seller is selling and Purchaser is acquiring the Business Assets "as is where is."  
**SELLER MAKES NO WARRANTIES OR REPRESENTATIONS OF ANY KIND OR NATURE, WHETHER EXPRESS OR IMPLIED, INCLUDING BUT NOT LIMITED TO NO WARRANTIES OF FITNESS FOR ANY GENERAL OR SPECIFIC PURPOSES OR OF MERCHANTABILITY.**

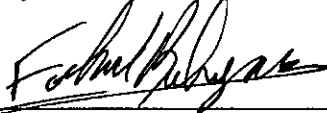
At any time or from time to time after the date hereof, at Purchaser's request and without further consideration, Seller shall execute and deliver to Purchaser such other instruments of sale, transfer, conveyance and confirmation, provide such materials and information and take such other actions as Purchaser may reasonably deem necessary or desirable in order more effectively transfer and convey to Purchaser, and to confirm Purchaser's title to, all of the Business Assets and, to the full extent permitted by law, to put Purchaser in actual possession and operating control of the Business Assets and to assist Purchaser in exercising all rights with respect thereto.

This Agreement shall be governed by and construed in accordance with the internal laws of the State of New York, without regard to the conflicts of laws, rules and principles thereof,

except that if it is necessary in any other jurisdiction to have the law of such other jurisdiction govern this Agreement for this Agreement to be effective in any respect, then the laws of such other jurisdiction shall govern this Agreement to such extent.


**IN WITNESS WHEREOF**, the undersigned have caused their duly authorized officers to execute this Agreement on the day and year first above written.

Farkad Balaya, MD, PLLC

By: 

Name: Farkad Balaya

Title: Sole Member

  
Farkad Balaya, Individually

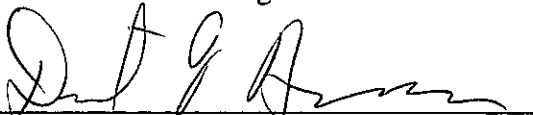
STATE OF NEW YORK )

SS:

COUNTY OF ERIE )

On the 26th day of December, 2018, before me, the undersigned, personally appeared Farkad Balaya, in his capacity as the Sole Member of Farkad Balaya, MD, PLLC, personally known to me, and acknowledged to me that he executed the Agreement of Sale and General Assignment.

**Daniel F. Brown**  
Notary Public, State of New York  
Qualified in Erie County  
My Commission Expires 07-16-20 19

  
Notary Public

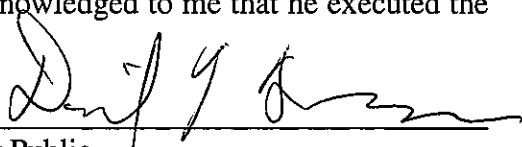
STATE OF NEW YORK )

SS:

COUNTY OF ERIE )

On the 26th day of December, 2018, before me, the undersigned, personally appeared Farkad Balaya, personally known to me, and acknowledged to me that he executed the Agreement of Sale and General Assignment.

**Daniel F. Brown**  
Notary Public, State of New York  
Qualified in Erie County  
My Commission Expires 07-16-20 19

  
Notary Public

## **SCHEDULE A**

Computers and monitor  
Office table and chairs  
Various equipment and supplies  
Speculum  
Medical scissors



**Fill in this information to identify your case:**

Debtor 1	<b>Farkad Balaya</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	WESTERN DISTRICT OF NEW YORK		
Case number (if known)			

☐ Check if this is an amended filing

## Official Form 106C

# Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

**For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.**

### Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- ☒ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own <small>Copy the value from <i>Schedule A/B</i></small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
<b>155 Main Street Hamburg, NY 14075 Erie County</b> Line from <i>Schedule A/B</i> : 1.1	<b>\$124,000.00</b>	<input checked="" type="checkbox"/> <b>\$44,803.80</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>NYCPLR § 5206</b>
<b>Assorted household goods</b> Line from <i>Schedule A/B</i> : 6.1	<b>\$5,000.00</b>	<input checked="" type="checkbox"/> <b>\$5,000.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>NYCPLR § 5205(a)(5)</b>
<b>Assorted electronics</b> Line from <i>Schedule A/B</i> : 7.1	<b>\$2,225.00</b>	<input checked="" type="checkbox"/> <b>\$2,225.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>NYCPLR § 5205(a)(5)</b>
<b>Assorted books and pictures and stamp collection</b> Line from <i>Schedule A/B</i> : 8.1	<b>\$1,700.00</b>	<input checked="" type="checkbox"/> <b>\$1,700.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>NYCPLR § 5205(a)(2)</b>
<b>Assorted clothing</b> Line from <i>Schedule A/B</i> : 11.1	<b>\$2,000.00</b>	<input checked="" type="checkbox"/> <b>\$2,000.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>NYCPLR § 5205(a)(5)</b>

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
<b>Wedding ring and 2 watches</b> Line from Schedule A/B: 12.1	<b>\$310.00</b>	<input checked="" type="checkbox"/> <b>\$310.00</b>  <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>NYCPLR § 5205(a)(6)</b>
<b>Dog and cat and supplies</b> Line from Schedule A/B: 13.1	<b>\$1.00</b>	<input checked="" type="checkbox"/> <b>\$1.00</b>  <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>NYCPLR § 5205(a)(4)</b>
<b>Whole life insurance policy with Mass Mutual, policy number ending in 3467 (cash surrender value)</b> <b>Beneficiary: Debtor's ex-wife</b> Line from Schedule A/B: 31.1	<b>\$567.00</b>	<input checked="" type="checkbox"/> <b>\$567.00</b>  <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>NY Ins. Law § 3212, Est. Pow. &amp; Tr. § 7-1.5, NYCPLR § 5205(i)</b>
<b>Whole life insurance policy with Mass Mutual, policy number ending in 8585 (cash surrender value)</b> <b>Beneficiary: Debtor's ex-wife</b> Line from Schedule A/B: 31.2	<b>\$34.00</b>	<input checked="" type="checkbox"/> <b>\$34.00</b>  <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>NY Ins. Law § 3212, Est. Pow. &amp; Tr. § 7-1.5, NYCPLR § 5205(i)</b>
<b>Term life insurance policy with Mass Mutual, policy number ending in 8574 (no cash surrender value)</b> <b>Beneficiary: Debtor's ex-wife</b> Line from Schedule A/B: 31.3	<b>\$0.00</b>	<input checked="" type="checkbox"/> <b>\$0.00</b>  <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>NY Ins. Law § 3212, Est. Pow. &amp; Tr. § 7-1.5, NYCPLR § 5205(i)</b>
<b>Whole life insurance policy with Mass Mutual, policy number ending in 8185 (no cash surrender value)</b> <b>Beneficiary: Debtor's ex-wife</b> Line from Schedule A/B: 31.5	<b>\$0.00</b>	<input checked="" type="checkbox"/> <b>\$0.00</b>  <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>NY Ins. Law § 3212</b>

3. **Are you claiming a homestead exemption of more than \$160,375?**

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

☒ No☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?☐ No☐ Yes

**Fill in this information to identify your case:**

Debtor 1	<b>Farkad Balaya</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	WESTERN DISTRICT OF NEW YORK		
Case number (if known)			

☐ Check if this is an amended filing

**Official Form 106D**

**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

**1. Do any creditors have claims secured by your property?**

☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.

☒ Yes. Fill in all of the information below.

**Part 1: List All Secured Claims**

**2. List all secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion if any
<b>2.1 Bankers Healthcare Group, LLC</b> <small>Creditor's Name</small>  <b>10234 W State Road 84</b> <b>Davie, FL 33324</b> <small>Number, Street, City, State &amp; Zip Code</small>	<b>\$75,557.46</b>	<b>\$5,000.00</b>	<b>\$75,557.46</b>
<b>Describe the property that secures the claim:</b> <b>Computers and monitor, office table and chairs, minor medical tools and equipment and supplies (all other equipment at office location is owned by Invision Health)</b> <b>As of the date you file, the claim is:</b> Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Nature of lien.</b> Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset)			
<b>Who owes the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt			
<b>Date debt was incurred</b> <u>2010</u> <b>Last 4 digits of account number</b> _____			
<b>UCC-1 Financing Statement (junior lien – no value)</b>			

<b>2.2 Kaleida Health Federal Credit Union</b> <small>Creditor's Name</small>  <b>100 High Street</b> <b>Buffalo, NY 14203</b> <small>Number, Street, City, State &amp; Zip Code</small>	<b>\$11,219.12</b>	<b>\$124,000.00</b>	<b>Unknown</b>
<b>Describe the property that secures the claim:</b> <b>155 Main Street Hamburg, NY 14075 Erie County</b> <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Nature of lien.</b> Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit			
<b>Who owes the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			

Debtor 1 **Farkad Balaya** Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

☐ Check if this claim relates to a community debt ☐ Other (including a right to offset) \_\_\_\_\_

Date debt was incurred **2017** Last 4 digits of account number \_\_\_\_\_

<div>2.3</div> <div><b>KeyBank National Association</b></div> <div>Creditor's Name</div> <div><b>Commercial Loan Department</b> <b>Post Office Box 94525</b> <b>Cleveland, OH 44101-4525</b></div> <div>Number, Street, City, State &amp; Zip Code</div>	<div>Describe the property that secures the claim:</div> <div><b>Computers and monitor, office table and chairs, minor medical tools and equipment and supplies (all other equipment at office location is owned by Invision Health)</b></div> <div>As of the date you file, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</div> <div>Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset)</div>	<div><b>\$51,954.73</b></div> <div><b>\$5,000.00</b></div> <div><b>\$46,954.73</b></div>	<div><b>UCC-1 Financing Statement (only partially secured)</b></div> <div>Date debt was incurred <b>2010</b> Last 4 digits of account number <b>1051</b></div>
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<div>2.4</div> <div><b>Landmark Community Bank</b></div> <div>Creditor's Name</div> <div><b>2 South Main Street</b> <b>Pittston, PA 18640</b></div> <div>Number, Street, City, State &amp; Zip Code</div>	<div>Describe the property that secures the claim:</div> <div><b>Computers and monitor, office table and chairs, minor medical tools and equipment and supplies (all other equipment at office location is owned by Invision Health)</b></div> <div>As of the date you file, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</div> <div>Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset)</div>	<div><b>\$1.00</b></div> <div><b>\$5,000.00</b></div> <div><b>\$0.00</b></div>	<div><b>UCC-1 Financing Statement (junior lien – no value)</b></div> <div>Date debt was incurred <b>2011</b> Last 4 digits of account number _____</div>
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<div>2.5</div> <div><b>MCA Fixed Payment LLC</b></div> <div>Creditor's Name</div> <div><b>525 Broadhollow Road</b> <b>Melville, NY 11747</b></div> <div>Number, Street, City, State &amp; Zip Code</div>	<div>Describe the property that secures the claim:</div> <div><b>Computers and monitor, office table and chairs, minor medical tools and equipment and supplies (all other equipment at office location is owned by Invision Health)</b></div> <div>As of the date you file, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated</div>	<div><b>\$1.00</b></div> <div><b>\$5,000.00</b></div> <div><b>\$0.00</b></div>	<div><b>UCC-1 Financing Statement (junior lien – no value)</b></div> <div>Date debt was incurred _____ Last 4 digits of account number _____</div>
--	--	--	--

**Who owes the debt?** Check one.
 

☒ Debtor 1 only
 ☐ Debtor 2 only
 ☐ Debtor 1 and Debtor 2 only
 ☐ At least one of the debtors and another
 ☐ **Check if this claim relates to a community debt**

☒ Disputed
 **Nature of lien.** Check all that apply.
 

☐ An agreement you made (such as mortgage or secured car loan)
 ☐ Statutory lien (such as tax lien, mechanic's lien)
 ☐ Judgment lien from a lawsuit
 ☒ Other (including a right to offset)

**UCC-1 Financing Statement (junior lien – no value)**

Date debt was incurred **2014**

Last 4 digits of account number

2.6

**Nationstar Mortgage LLC**  
 Creditor's Name  
**d/b/a Mr. Cooper**  
**8950 Cypress Waters Boulevard**  
**Dallas, TX 75063**  
 Number, Street, City, State & Zip Code

**Describe the property that secures the claim:**

**155 Main Street Hamburg, NY 14075**  
**Erie County**

**As of the date you file, the claim is:** Check all that apply.
 

☐ Contingent
 ☐ Unliquidated
 ☐ Disputed

**Nature of lien.** Check all that apply.
 

☒ An agreement you made (such as mortgage or secured car loan)
 ☐ Statutory lien (such as tax lien, mechanic's lien)
 ☐ Judgment lien from a lawsuit
 ☐ Other (including a right to offset)

**\$67,977.08**
**\$124,000.00**
**\$0.00**

Date debt was incurred

Last 4 digits of account number

2.7

**Nationstar Mortgage LLC**  
 Creditor's Name  
**d/b/a Mr. Cooper**  
**8950 Cypress Waters Boulevard**  
**Dallas, TX 75063**  
 Number, Street, City, State & Zip Code

**Describe the property that secures the claim:**

**231 Pierce Avenue Hamburg, NY 14075 Erie County**  
**1/3 ownership interest in former marital residence; total assessed value of \$339,200.00; outstanding mortgages in the amount of \$260,639.99; Debtor's 1/3 equity is approximately \$26,186.67;**

**As of the date you file, the claim is:** Check all that apply.
 

☒ Contingent
 ☒ Unliquidated
 ☒ Disputed

**Nature of lien.** Check all that apply.
 

☐ An agreement you made (such as mortgage or secured car loan)
 ☐ Statutory lien (such as tax lien, mechanic's lien)
 ☐ Judgment lien from a lawsuit
 ☒ Other (including a right to offset)

**\$1.00**
**\$26,186.67**
**\$1.00**

Date debt was incurred

Last 4 digits of account number

2.8

**NeuroLogica Corporation**

**Describe the property that secures the claim:**

**\$30,930.00**
**\$30,930.00**
**\$0.00**

Official Form 106D

Additional Page of **Schedule D: Creditors Who Have Claims Secured by Property**

page 3 of 5

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Best Case Bankruptcy

Case 1-19-10310-CLB, Doc 1, Filed 02/26/19, Entered 02/26/19 12:34:44,

Description: Main Document , Page 37 of 78

Creditor's Name

**Samsung Electronics America, Inc.**  
**14 Electronics Avenue**  
**Danvers, MA 01923**

Number, Street, City, State & Zip Code

Samsung HS40 Ultrasound Package

As of the date you file, the claim is: Check all that apply.  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Nature of lien. Check all that apply.  
☒ An agreement you made (such as mortgage or secured car loan)  
☐ Statutory lien (such as tax lien, mechanic's lien)  
☐ Judgment lien from a lawsuit  
☐ Other (including a right to offset)

Who owes the debt? Check one.  
☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim relates to a community debt

Date debt was incurred **2019** Last 4 digits of account number

2.9

NYS Department of Taxation & Finance

Creditor's Name

**Bankruptcy Unit**  
**Post Office Box 5300**  
**Albany, NY 12205**

Number, Street, City, State & Zip Code

Describe the property that secures the claim:

**\$64,524.25**

**\$0.00**

**\$0.00**

All non-exempt property and rights to property

As of the date you file, the claim is: Check all that apply.  
☐ Contingent  
☒ Unliquidated  
☐ Disputed  
Nature of lien. Check all that apply.  
☐ An agreement you made (such as mortgage or secured car loan)  
☒ Statutory lien (such as tax lien, mechanic's lien)  
☐ Judgment lien from a lawsuit  
☐ Other (including a right to offset)

Who owes the debt? Check one.  
☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim relates to a community debt

Date debt was incurred **2014-2017** Last 4 digits of account number

2.10

NYS Department of Taxation & Finance

Creditor's Name

**Bankruptcy Unit**  
**Post Office Box 5300**  
**Albany, NY 12205**

Number, Street, City, State & Zip Code

Describe the property that secures the claim:

**\$52,461.23**

**\$0.00**

**\$0.00**

All non-exempt property and rights to property

As of the date you file, the claim is: Check all that apply.  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Nature of lien. Check all that apply.  
☐ An agreement you made (such as mortgage or secured car loan)  
☒ Statutory lien (such as tax lien, mechanic's lien)  
☐ Judgment lien from a lawsuit  
☐ Other (including a right to offset)

Who owes the debt? Check one.  
☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☒ At least one of the debtors and another  
☐ Check if this claim relates to a community debt

Date debt was incurred **2012** Last 4 digits of account number

2.11

SPS

Describe the property that secures the claim:

**\$1.00**

**\$26,186.67**

**\$1.00**

Debtor 1 **Farkad Balaya**

First Name

Middle Name

Last Name

Case number (if known)

Creditor's Name

**231 Pierce Avenue Hamburg, NY  
14075 Erie County  
1/3 ownership interest in former  
marital residence; total assessed  
value of \$339,200.00; outstanding  
mortgages in the amount of  
\$260,639.99; Debtor's 1/3 equity is  
approximately \$26,186.67;**

As of the date you file, the claim is: Check all that apply.

☒ Contingent

☒ Unliquidated

☒ Disputed

Nature of lien. Check all that apply.

☐ An agreement you made (such as mortgage or secured car loan)

☐ Statutory lien (such as tax lien, mechanic's lien)

☐ Judgment lien from a lawsuit

☒ Other (including a right to offset)

**Notice Only - Debtor is not named on the mortgage**

**Post Office Box 65250  
Salt Lake City, UT 84165**

Number, Street, City, State & Zip Code

Who owes the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☒ At least one of the debtors and another

☐ Check if this claim relates to a community debt

Date debt was incurred

Last 4 digits of account number

Add the dollar value of your entries in Column A on this page. Write that number here:

**\$354,627.87**

If this is the last page of your form, add the dollar value totals from all pages.  
Write that number here:

**\$354,627.87**

**Part 2: List Others to Be Notified for a Debt That You Already Listed**

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

☐

Name, Number, Street, City, State & Zip Code

**Bankers Healthcare Group, LLC  
201 Solar Street  
Syracuse, NY 13204**

On which line in Part 1 did you enter the creditor? 2.1

Last 4 digits of account number \_\_\_\_

☐

Name, Number, Street, City, State & Zip Code

**Chiari & Ilecki, LLP  
1440 Rand Building  
14 Lafayette Square  
Buffalo, NY 14203**

On which line in Part 1 did you enter the creditor? 2.2

Last 4 digits of account number \_\_\_\_

☐

Name, Number, Street, City, State & Zip Code

**First Niagara Bank  
239 Van Rensselaer  
Buffalo, NY 14210**

On which line in Part 1 did you enter the creditor? 2.3

Last 4 digits of account number \_\_\_\_

**Fill in this information to identify your case:**

Debtor 1	<b>Farkad Balaya</b>		
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	WESTERN DISTRICT OF NEW YORK		
Case number			
(if known)			

☐ Check if this is an amended filing

**Official Form 106E/F****Schedule E/F: Creditors Who Have Unsecured Claims****12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

**Part 1: List All of Your PRIORITY Unsecured Claims****1. Do any creditors have priority unsecured claims against you?**

☐ No. Go to Part 2.

☒ Yes.

**2. List all of your priority unsecured claims.** If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

		Total claim	Priority amount	Nonpriority amount	
2.1	<b>Holly Balaya</b> Priority Creditor's Name <b>231 Pierce Avenue</b> <b>Hamburg, NY 14075</b> Number Street City State Zip Code	Last 4 digits of account number _____	<b>\$1.00</b>	<b>\$1.00</b>	<b>\$0.00</b>
	When was the debt incurred? _____				
	Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	As of the date you file, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input checked="" type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____			

**Notice Only**



2.2	<b>Internal Revenue Service</b> Priority Creditor's Name <b>Centralized Insolvency Operations</b> <b>Post Office Box 7346</b> <b>Philadelphia, PA 19101-7346</b> Number Street City State Zip Code	Last 4 digits of account number <u>                    </u> <b>\$535,462.31</b> <b>1</b> <b>\$535,462.31</b> <b>\$0.00</b>
<b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>When was the debt incurred?</b> <u>2012-2017</u>  <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of PRIORITY unsecured claim:</b> <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____ <b>Income Tax and Interest</b>

2.3	<b>Internal Revenue Service</b> Priority Creditor's Name <b>Centralized Insolvency Operations</b> <b>Post Office Box 7346</b> <b>Philadelphia, PA 19101-7346</b> Number Street City State Zip Code	Last 4 digits of account number <u>                    </u> <b>Unknown</b> <b>Unknown</b> <b>Unknown</b>
<b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>When was the debt incurred?</b> <u>2018</u>  <b>As of the date you file, the claim is:</b> Check all that apply <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Type of PRIORITY unsecured claim:</b> <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____ <b>Income Tax and Interest</b>

2.4	<b>NYS Department of Labor</b> Priority Creditor's Name <b>Attn: Insolvency Unit</b> <b>Harriman State Office Campus</b> <b>Building 12, Room 256</b> <b>Albany, NY 12240</b> Number Street City State Zip Code	Last 4 digits of account number <u>                    </u> <b>\$1.00</b> <b>\$1.00</b> <b>\$0.00</b>
<b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>When was the debt incurred?</b> <u>                    </u>  <b>As of the date you file, the claim is:</b> Check all that apply <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Type of PRIORITY unsecured claim:</b> <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____ <b>Notice Only</b>

2.5

**NYS Department of Taxation & Finance**

Priority Creditor's Name

**Bankruptcy Unit****Post Office Box 5300****Albany, NY 12205**

Number Street City State Zip Code

**Who incurred the debt?** Check one.☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt**Is the claim subject to offset?**☒ No☐ Yes

Last 4 digits of account number

**Unknown****Unknown****Unknown**When was the debt incurred? **2018****As of the date you file, the claim is:** Check all that apply☒ Contingent☒ Unliquidated☒ Disputed**Type of PRIORITY unsecured claim:**☐ Domestic support obligations☒ Taxes and certain other debts you owe the government☐ Claims for death or personal injury while you were intoxicated☐ Other. Specify**Income Tax and Interest****Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.☒ Yes.**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

4.1

**Ally Financial**

Nonpriority Creditor's Name

**Post Office Box 380901****Bloomington, MN 55438-0901**

Number Street City State Zip Code

**Who incurred the debt?** Check one.☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt**Is the claim subject to offset?**☒ No☐ Yes

Last 4 digits of account number

When was the debt incurred? **2018****As of the date you file, the claim is:** Check all that apply☐ Contingent☐ Unliquidated☐ Disputed**Type of NONPRIORITY unsecured claim:**☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Deficiency Balance for Auto Loan (vehicle returned)****Total claim****\$19,833.99**

4.2

**Brandi Lee Groff & Brandon Groff**

Nonpriority Creditor's Name

**64 Riverdale Drive  
Grand Island, NY 14072**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number \_\_\_\_\_

**\$1.00****When was the debt incurred?** \_\_\_\_\_**As of the date you file, the claim is:** Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Lawsuit Pending - Notice Only**

4.3

**Capital One**

Nonpriority Creditor's Name

**Post Office Box 30285  
Salt Lake City, UT 84130-0285**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number \_\_\_\_\_

**\$1,388.00****When was the debt incurred?** **2018****As of the date you file, the claim is:** Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Credit Card Purchases**

4.4

**Capital One**

Nonpriority Creditor's Name

**Post Office Box 30285  
Salt Lake City, UT 84130-0285**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number \_\_\_\_\_

**\$76.00****When was the debt incurred?** **2018****As of the date you file, the claim is:** Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Credit Card Purchases**

4.5

**Chase Card Services**

Nonpriority Creditor's Name

**Post Office Box 15298****Wilmington, DE 19850**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number

**\$109.00**When was the debt incurred? **2018**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Credit Card Purchases**

4.6

**E.C. Mortgage Co., Inc.**

Nonpriority Creditor's Name

**905 Harlem Road****West Seneca, NY 14224**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☒ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number

**\$70,009.96**When was the debt incurred? **2015**

As of the date you file, the claim is: Check all that apply

- ☒ Contingent
- ☒ Unliquidated
- ☒ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Personal Guaranty for Business Debt (lawsuit on appeal)**

4.7

**GM Financial**

Nonpriority Creditor's Name

**Post Office Box 182963****Arlington, TX 76096-2963**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number

**\$9,665.31**When was the debt incurred? **2018**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Deficiency Balance for Auto Loan (vehicle returned)**

4.8

**Hamburg Town Prosecutor**

Nonpriority Creditor's Name

**Town of Hamburg Justice Center  
S-6100 South Park Avenue  
Hamburg, NY 14075**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No
- ☐ Yes

Last 4 digits of account number

**\$1.00****When was the debt incurred?****As of the date you file, the claim is:** Check all that apply

- ☒ Contingent
- ☒ Unliquidated
- ☒ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **Lawsuit Pending - Notice Only**

4.9

**Internal Revenue Service**

Nonpriority Creditor's Name

**Centralized Insolvency Operations  
Post Office Box 7346  
Philadelphia, PA 19101-7346**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No
- ☐ Yes

Last 4 digits of account number

**\$191,347.09****When was the debt incurred?****2012-2017****As of the date you file, the claim is:** Check all that apply

- ☐ Contingent
- ☒ Unliquidated
- ☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **Income Tax Penalties**

4.1  
0**Keybank Cardmember Service**

Nonpriority Creditor's Name

**Post Office Box 790408  
Saint Louis, MO 63179**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☒ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No
- ☐ Yes

Last 4 digits of account number

**1823****\$28,057.53****When was the debt incurred?****As of the date you file, the claim is:** Check all that apply

- ☒ Contingent
- ☐ Unliquidated
- ☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **Personal Guaranty for Business Credit Card**

4.1  
1**Latisha Walker**

Nonpriority Creditor's Name

**100 Davidson Avenue****Buffalo, NY 14215**

Number Street City State Zip Code

**Who incurred the debt?** Check one.☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☒ At least one of the debtors and another☐ Check if this claim is for a community debt**Is the claim subject to offset?**☒ No☐ Yes

Last 4 digits of account number \_\_\_\_\_

**\$1.00****When was the debt incurred?** \_\_\_\_\_**As of the date you file, the claim is:** Check all that apply☒ Contingent☒ Unliquidated☒ Disputed**Type of NONPRIORITY unsecured claim:**☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Lawsuit Pending - Notice Only**4.1  
2**NYS Department of Taxation & Finance**

Nonpriority Creditor's Name

**Bankruptcy Unit****Post Office Box 5300****Albany, NY 12205**

Number Street City State Zip Code

**Who incurred the debt?** Check one.☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt**Is the claim subject to offset?**☒ No☐ Yes

Last 4 digits of account number \_\_\_\_\_

**\$1.00****When was the debt incurred?** **2012-2017****As of the date you file, the claim is:** Check all that apply☐ Contingent☒ Unliquidated☐ Disputed**Type of NONPRIORITY unsecured claim:**☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Income Tax Penalties**4.1  
3**OB/GYN Associates of Western New York**

Nonpriority Creditor's Name

**4845 Transit Road, Suite B****Depew, NY 14043**

Number Street City State Zip Code

**Who incurred the debt?** Check one.☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt**Is the claim subject to offset?**☒ No☐ Yes

Last 4 digits of account number \_\_\_\_\_

**\$84,456.36****When was the debt incurred?** **2016-2017****As of the date you file, the claim is:** Check all that apply☒ Contingent☒ Unliquidated☒ Disputed**Type of NONPRIORITY unsecured claim:**☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Disputed amount claimed owed to former employer**

4.1  
4**Orthodontists Associates of Western**

Nonpriority Creditor's Name

**New York PC****4031 Legion Drive****Hamburg, NY 14075**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number \_\_\_\_\_

**\$5,264.00**

When was the debt incurred? \_\_\_\_\_

**2018**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **Children's orthodontics**

4.1  
5**Principis Capital**

Nonpriority Creditor's Name

**499 Chestnut Street, Suite 108****Cedarhurst, NY 11516**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☒ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number \_\_\_\_\_

**\$13,520.00**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

- ☒ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **Personal Guaranty for Business Loan**

4.1  
6**Samuel A. Weissman, MD**

Nonpriority Creditor's Name

**7379 East Vaquero Drive****Scottsdale, AZ 85258**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☒ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number \_\_\_\_\_

**\$24,000.00**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

- ☒ Contingent
- ☒ Unliquidated
- ☒ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **Personal Guaranty for Business Loan**

4.1  
7**Sprint Nextel Correspondence**

Nonpriority Creditor's Name

**Attn: Bankruptcy Department  
Post Office Box 7949  
Overland Park, KS 66207-0949**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number \_\_\_\_\_

**\$3,420.60**When was the debt incurred? **2018**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Telephone**4.1  
8**Sunrise Medical Group**

Nonpriority Creditor's Name

**3065 Southwestern Boulevard,  
Suite 102  
Orchard Park, NY 14127**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number \_\_\_\_\_

**\$40.00**When was the debt incurred? **2018**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical Bills**4.1  
9**Verizon**

Nonpriority Creditor's Name

**Attn: Bankruptcy Department  
500 Technology Drive, Suite 550  
Saint Charles, MO 63304**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number \_\_\_\_\_

**\$1.00**When was the debt incurred? **2018**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☒ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Business Telephone and Wi-Fi**



4.2  
0**Verizon Wireless**

Nonpriority Creditor's Name

**Bankruptcy Administration  
500 Technology Drive, Suite 550  
Weldon Spring, MO 63304**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number

**\$1.00**When was the debt incurred? **2018**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☒ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Personal Telephone**

4.2  
1**VW Credit, Inc.**

Nonpriority Creditor's Name

**1401 Franklin Boulevard  
Libertyville, IL 60048**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number

**\$8,033.70**When was the debt incurred? **2018**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Deficiency Balance for Auto Lease (vehicle returned)**

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address

**Capital Management Services, LP  
698 1/2 Ogden Street  
Buffalo, NY 14206-2317**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.10** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**ERC  
Post Office Box 57610  
Jacksonville, FL 32241**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.17** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Krista Gottlieb, Esq.  
43 Court Street, Suite 1100  
Buffalo, NY 14202**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.6** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Rebecca J. Talmud, Esq.  
5707 Main Street, Floor 2**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **2.1** of (Check one):

- ☒ Part 1: Creditors with Priority Unsecured Claims

Debtor 1 **Farkad Balaya**

Case number (if known)

**Williamsville, NY 14221**

Last 4 digits of account number

☐ Part 2: Creditors with Nonpriority Unsecured Claims

Name and Address

**Shaw & Shaw, P.C.  
Attn: Christopher M. Pannozzo,  
Esq.  
4819 South Park Avenue  
Hamburg, NY 14075**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.11** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Simons Agency Inc.  
4963 Wintersweet Drive  
Liverpool, NY 13088**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.18** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**The Sammarco Law Firm L.L.P.  
Attn: Andrea Lee Sammarco, Esq.  
1207 Delaware Avenue, Suite 219  
Buffalo, NY 14209**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.6** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Vital Recovery Services, LLC  
Post Office Box 923748  
Peachtree Corners, GA 30010-3748**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.21** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Weltman, Weinberg & Reis Co., LPA  
323 Lakeside Avenue, Suite 200  
Cleveland, OH 44113-1009**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.10** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**Part 4: Add the Amounts for Each Type of Unsecured Claim****6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.**

		Total Claim	
Total claims from Part 1	6a. Domestic support obligations	6a.	\$ <b>1.00</b>
	6b. Taxes and certain other debts you owe the government	6b.	\$ <b>535,463.31</b>
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$ <b>0.00</b>
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ <b>0.00</b>
	6e. Total Priority. Add lines 6a through 6d.	6e.	\$ <b>535,464.31</b>
Total claims from Part 2	6f. Student loans	6f.	\$ <b>0.00</b>
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ <b>0.00</b>
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ <b>0.00</b>
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ <b>459,227.54</b>
	6j. Total Nonpriority. Add lines 6f through 6i.	6j.	\$ <b>459,227.54</b>

**Fill in this information to identify your case:**

Debtor 1	<b>Farkad Balaya</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	WESTERN DISTRICT OF NEW YORK		
Case number (if known)			

☐ Check if this is an amended filing

**Official Form 106G****Schedule G: Executory Contracts and Unexpired Leases****12/15**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- Do you have any executory contracts or unexpired leases?**  
☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.  
☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B:Property* (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone).** See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code	State what the contract or lease is for
2.1	<b>Basil Lease Corp.</b> 4131 Sheridan Drive Williamsville, NY 14221	Lease for 2011 Mercedes Benz GL450, \$456.58 per month
2.2	<b>Basil Lease Corp.</b> 4131 Sheridan Drive Williamsville, NY 14221	Lease for 2011 Mercedes Benz GL, \$519.55 per month (ex-wife's vehicle; paid by her)
2.3	<b>Basil Lease Corp.</b> 4131 Sheridan Drive Williamsville, NY 14221	Lease for 2014 Buick Regal, \$399.75 per month (son's vehicle; paid by him)
2.4	<b>Delaware Place Associates, LLC</b> 1207 Delaware Avenue Buffalo, NY 14209	Lease for office location at 2625 Delaware Avenue, Buffalo, NY 14216
2.5	<b>Greg Walton</b> 3487 Garry Road Bliss, NY 14024	Month-to-month lease for 38 Duncan Street, Suite 3, Warsaw, New York 14569; \$1,000.00 per month

**Fill in this information to identify your case:**

Debtor 1	<b>Farkad Balaya</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	WESTERN DISTRICT OF NEW YORK		
Case number (if known)			

☐ Check if this is an amended filing

## Official Form 106H Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

☐ No

☒ Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

☒ No. Go to line 3.

☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

**Column 1: Your codebtor**

Name, Number, Street, City, State and ZIP Code

**Column 2: The creditor to whom you owe the debt**

Check all schedules that apply:

3.1 **Farkad Balaya, MD, PLLC**  
**1275 Delaware Avenue, Suite 555**  
**Buffalo, NY 14209**

☒ Schedule D, line **2.3**  
☐ Schedule E/F, line \_\_\_\_\_  
☐ Schedule G \_\_\_\_\_  
**KeyBank National Association**

3.2 **Farkad Balaya, MD, PLLC**  
**1275 Delaware Avenue, Suite 555**  
**Buffalo, NY 14209**

☐ Schedule D, line \_\_\_\_\_  
☒ Schedule E/F, line **4.10**  
☐ Schedule G \_\_\_\_\_  
**Keybank Cardmember Service**

3.3 **Farkad Balaya, MD, PLLC**  
**1275 Delaware Avenue, Suite 555**  
**Buffalo, NY 14209**

☐ Schedule D, line \_\_\_\_\_  
☒ Schedule E/F, line **4.15**  
☐ Schedule G \_\_\_\_\_  
**Principis Capital**

**Additional Page to List More Codebtors***Column 1: Your codebtor**Column 2: The creditor to whom you owe the debt*  
Check all schedules that apply:

3.4 **Farkad Balaya, MD, PLLC**  
**1275 Delaware Avenue, Suite 555**  
**Buffalo, NY 14209**

☐ Schedule D, line \_\_\_\_\_  
☒ Schedule E/F, line **4.6**  
☐ Schedule G \_\_\_\_\_  
**E.C. Mortgage Co., Inc.**

3.5 **Farkad Balaya, MD, PLLC**  
**1275 Delaware Avenue, Suite 555**  
**Buffalo, NY 14209**

☐ Schedule D, line \_\_\_\_\_  
☒ Schedule E/F, line **4.16**  
☐ Schedule G \_\_\_\_\_  
**Samuel A. Weissman, MD**

3.6 **Holly Balaya**  
**231 Pierce Avenue**  
**Hamburg, NY 14075**

☒ Schedule D, line **2.10**  
☐ Schedule E/F, line \_\_\_\_\_  
☐ Schedule G \_\_\_\_\_  
**NYS Department of Taxation & Finance**

3.7 **Kaleida Health**  
**d/b/a Women & Children's Hospital**  
**of Buffalo**  
**100 High Street**  
**Buffalo, NY 14203**

☐ Schedule D, line \_\_\_\_\_  
☒ Schedule E/F, line **4.11**  
☐ Schedule G \_\_\_\_\_  
**Latisha Walker**

3.8 **Kaveh Vali, M.D.**  
**219 Bryant Street**  
**Buffalo, NY 14203**

☐ Schedule D, line \_\_\_\_\_  
☒ Schedule E/F, line **4.11**  
☐ Schedule G \_\_\_\_\_  
**Latisha Walker**

Fill in this information to identify your case:

Debtor 1 Farkad Balaya

Debtor 2  
(Spouse, if filing)

United States Bankruptcy Court for the: WESTERN DISTRICT OF NEW YORK

Case number  
(If known)

Check if this is:

- ☐ An amended filing  
☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

## Official Form 106I

### Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status\*

Occupation

Employer's name

Employer's address

Debtor 1

- ☒ Employed  
☐ Not employed

Physician

Invision Health

400 International Drive  
Williamsville, NY 14221

Debtor 2 or non-filing spouse

- ☒ Employed  
☐ Not employed

How long employed there?

1 Year

\*See Attachment for Additional Employment Information

#### Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ <u>0.00</u>	\$ <u>0.00</u>
3. Estimate and list monthly overtime pay.	3. +\$ <u>0.00</u>	+\$ <u>0.00</u>
4. Calculate gross income. Add line 2 + line 3.	4. \$ <u>0.00</u>	\$ <u>0.00</u>

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here	4. \$ 0.00	\$ 0.00
<b>5. List all payroll deductions:</b>		
5a. Tax, Medicare, and Social Security deductions	5a. \$ 0.00	\$ 0.00
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ 0.00
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	\$ 0.00
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$ 0.00
5e. Insurance	5e. \$ 0.00	\$ 0.00
5f. Domestic support obligations	5f. \$ 0.00	\$ 0.00
5g. Union dues	5g. \$ 0.00	\$ 0.00
5h. Other deductions. Specify:	5h.+ \$ 0.00	\$ 0.00
<b>6. Add the payroll deductions.</b> Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ 0.00	\$ 0.00
<b>7. Calculate total monthly take-home pay.</b> Subtract line 6 from line 4.	7. \$ 0.00	\$ 0.00
<b>8. List all other income regularly received:</b>		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 47,339.52	\$ 0.00
8b. Interest and dividends	8b. \$ 0.00	\$ 0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ 0.00
8d. Unemployment compensation	8d. \$ 0.00	\$ 0.00
8e. Social Security	8e. \$ 0.00	\$ 0.00
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f. \$ 0.00	\$ 0.00
8g. Pension or retirement income	8g. \$ 0.00	\$ 0.00
8h. Other monthly income. Specify:	8h.+ \$ 0.00	\$ 0.00
<b>9. Add all other income.</b> Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ 47,339.52	\$ 0.00
<b>10. Calculate monthly income.</b> Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 47,339.52 + \$ 0.00 = \$ 47,339.52	
<b>11. State all other regular contributions to the expenses that you list in Schedule J.</b> Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:		11. +\$ 0.00
<b>12. Add the amount in the last column of line 10 to the amount in line 11.</b> The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies		12. \$ 47,339.52 Combined monthly income
<b>13. Do you expect an increase or decrease within the year after you file this form?</b> <input type="checkbox"/> No. <input checked="" type="checkbox"/> Yes. Explain:	The Debtor's income varies from month-to-month. The amount of his net business in the last six full months prior to the filing has been averaged and included in Schedule I, Line 2. A spreadsheet itemizing his business income and expenses is attached.	

Debtor 1 **Farkad Balaya**

Case number (if known)

**Official Form B 6I**  
**Attachment for Additional Employment Information**

<b>Debtor</b>	
Occupation	<b>Physician</b>
Name of Employer	<b>Warsaw Hospital</b>
How long employed	<b>1 Year 6 Months</b>
Address of Employer	<b>400 Main Street Warsaw, NY 14569</b>



**Balaya Work-Related Income and Expenses\***

**Invision Health**

Average Monthly Income \$38,500.00

Average Monthly Expenses (other than living)

Lease for additional space in Delaware Plaza	\$3,700.00
Waste	\$133.37
Business Post Office Box	\$32.83
Business Security System	\$83.60
Office Food Expenses	\$625.00
AOL	\$26.99
Computer Software/Antivirus	\$55.00
Office Supplies	\$300.00
Disability Insurance	\$222.62
Staff Bonuses	\$250.00
Medical Scribe	\$1,000.00
Medical Society ACOG	\$37.50
Continuing Medical Education	\$333.33
UpToDate Medical	\$47.92
Neurologica Ultrasound Lease Payment	\$2,866.25
Total	\$9,714.41

Net Income \$28,785.59

**Warsaw Hospital**

Average Monthly Income \$24,292.43

Average Monthly Expenses

Lease for 38 Duncan Street, Suite 3	\$1,000.00
Cable/Internet for 38 Duncan Street, Suite 3	\$126.50
Doctor E. Call Coverage	\$4,130.00
Doctor E. Lodging	\$200.00
Hospital Food Expenses	\$282.00
Total	\$5,738.50

Net Income \$18,553.93

**Total Net Income \$47,339.52**

\*Based on actual amounts for the last full six months, plus anticipated increases and decreases

Fill in this information to identify your case:

Debtor 1 Farkad Balaya

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: WESTERN DISTRICT OF NEW YORK

Case number \_\_\_\_\_  
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

\_\_\_\_\_  
MM / DD / YYYY

## Official Form 106J

### Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Your Household

1. Is this a joint case?

☒ No. Go to line 2.

☐ Yes. Does Debtor 2 live in a separate household?

☐ No

☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household* of Debtor 2.

2. Do you have dependents? ☐ No

Do not list Debtor 1 and Debtor 2.

☒ Yes. Fill out this information for each dependent.....

Do not state the dependents names.

Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
Daughter	12	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Daughter	12	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Son	17	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Son	19	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Stepdaughter	21	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Stepdaughter	25	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

3. Do your expenses include expenses of people other than yourself and your dependents? ☒ No  
☐ Yes

#### Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 1,535.20

If not included in line 4:

4a. Real estate taxes

4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 200.00

Debtor 1 **Farkad Balaya**

Case number (if known) \_\_\_\_\_

- 4d. Homeowner's association or condominium dues
5. **Additional mortgage payments for your residence**, such as home equity loans

4d. \$ 0.00

5. \$ 0.00

<b>6. Utilities:</b>		
6a. Electricity, heat, natural gas	6a. \$	<b>325.00</b>
6b. Water, sewer, garbage collection	6b. \$	<b>20.00</b>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	<b>0.00</b>
6d. Other. Specify: <u>Cable - 155 Main Street</u>	6d. \$	<b>125.00</b>
<u>Internet</u>	\$	<b>26.99</b>
<u>Cell Phones</u>	\$	<b>652.32</b>
<b>7. Food and housekeeping supplies</b>	7. \$	<b>963.00</b>
<b>8. Childcare and children's education costs</b>	8. \$	<b>0.00</b>
<b>9. Clothing, laundry, and dry cleaning</b>	9. \$	<b>264.00</b>
<b>10. Personal care products and services</b>	10. \$	<b>75.00</b>
<b>11. Medical and dental expenses</b>	11. \$	<b>260.00</b>
<b>12. Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$	<b>400.00</b>
<b>13. Entertainment, clubs, recreation, newspapers, magazines, and books</b>	13. \$	<b>0.00</b>
<b>14. Charitable contributions and religious donations</b>	14. \$	<b>0.00</b>
<b>15. Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a. \$	<b>3,695.00</b>
15b. Health insurance	15b. \$	<b>1,000.00</b>
15c. Vehicle insurance	15c. \$	<b>1,124.19</b>
15d. Other insurance. Specify: <u>Disability Insurance</u>	15d. \$	<b>223.00</b>
<b>16. Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: <u>Estimated Tax Payments</u>	16. \$	<b>13,475.00</b>
<b>17. Installment or lease payments:</b>		
17a. Car payments for Vehicle 1	17a. \$	<b>456.57</b>
17b. Car payments for Vehicle 2	17b. \$	<b>0.00</b>
17c. Other. Specify: _____	17c. \$	<b>0.00</b>
17d. Other. Specify: _____	17d. \$	<b>0.00</b>
<b>18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).</b>	18. \$	<b>14,000.00</b>
<b>19. Other payments you make to support others who do not live with you.</b>	\$	<b>1,550.00</b>
Specify: <u>Student Support for Stepdaughters</u>	19.	
<u>Support for Mother</u>	19.	
<b>20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>		
20a. Mortgages on other property	20a. \$	<b>0.00</b>
20b. Real estate taxes	20b. \$	<b>0.00</b>
20c. Property, homeowner's, or renter's insurance	20c. \$	<b>0.00</b>
20d. Maintenance, repair, and upkeep expenses	20d. \$	<b>0.00</b>
20e. Homeowner's association or condominium dues	20e. \$	<b>0.00</b>
<b>21. Other:</b> Specify: <u>Miscellaneous and Contingency</u>	21. +\$	<b>392.00</b>
<u>Children's Activities</u>	+\$	<b>500.00</b>
<u>Post Office Box</u>	+\$	<b>13.50</b>
<b>22. Calculate your monthly expenses</b>		
22a. Add lines 4 through 21.	\$	<b>41,275.77</b>
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$	
22c. Add line 22a and 22b. The result is your monthly expenses.	\$	<b>41,275.77</b>
<b>23. Calculate your monthly net income.</b>		
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$	<b>47,339.52</b>
23b. Copy your monthly expenses from line 22c above.	23b. -\$	<b>41,275.77</b>
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c. \$	<b>6,063.75</b>
<b>24. Do you expect an increase or decrease in your expenses within the year after you file this form?</b> For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes.	Explain here: _____	

**Fill in this information to identify your case:**

Debtor 1 **Farkad Balaya**  
First Name Middle Name Last Name

Debtor 2  
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: WESTERN DISTRICT OF NEW YORK

Case number  
(if known) \_\_\_\_\_

☐ Check if this is an amended filing

Official Form 106Dec

**Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**Sign Below**

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person \_\_\_\_\_

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Farkad Balaya

**Farkad Balaya**  
Signature of Debtor 1

Date February 18, 2019

X \_\_\_\_\_

Signature of Debtor 2

Date \_\_\_\_\_

**Fill in this information to identify your case:**

Debtor 1 **Farkad Balaya**  
First Name Middle Name Last Name

Debtor 2  
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **WESTERN DISTRICT OF NEW YORK**

Case number  
(if known)

☐ Check if this is an amended filing

**Official Form 107****Statement of Financial Affairs for Individuals Filing for Bankruptcy**

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Give Details About Your Marital Status and Where You Lived Before****1. What is your current marital status?**

- ☐ Married  
☒ Not married

**2. During the last 3 years, have you lived anywhere other than where you live now?**

- ☐ No  
☒ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

**Debtor 1 Prior Address:**

**231 Pierce Avenue  
Hamburg, NY 14075**

**Dates Debtor 1  
lived there**

From-To:  
**January, 2006 to  
June, 2017**

**Debtor 2 Prior Address:**

☐ Same as Debtor 1

**Dates Debtor 2  
lived there**

☐ Same as Debtor 1  
From-To:

**3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory?** (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)

- ☒ No  
☐ Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

**Part 2 Explain the Sources of Your Income****4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?**

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- ☐ No  
☒ Yes. Fill in the details.

**Debtor 1****Sources of income**  
Check all that apply.**Gross income**  
(before deductions and exclusions)

**From January 1 of current year until  
the date you filed for bankruptcy:**

- ☐ Wages, commissions,  
bonuses, tips  
☒ Operating a business

**\$55,975.00****Debtor 2****Sources of income**  
Check all that apply.**Gross income**  
(before deductions and exclusions)

- ☐ Wages, commissions,  
bonuses, tips  
☐ Operating a business

	Debtor 1		Debtor 2	
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
<b>For last calendar year: (January 1 to December 31, 2018 )</b>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	<b>\$545,596.86</b>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	
<b>For the calendar year before that: (January 1 to December 31, 2017 )</b>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	<b>\$303,110.00</b>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	

**5. Did you receive any other income during this year or the two previous calendar years?**

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

- ☒ No  
☐ Yes. Fill in the details.

Debtor 1		Debtor 2	
Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income (before deductions and exclusions)

**Part 3: List Certain Payments You Made Before You Filed for Bankruptcy****6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

- ☒ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more?

- ☐ No. Go to line 7.  
☒ Yes. List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

- ☐ Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

- ☐ No. Go to line 7.  
☐ Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...
NeuroLogica Corporation Samsung Electronics America, Inc. 14 Electronics Avenue Danvers, MA 01923	January, 2018	\$8,000.00	\$30,930.00	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit Card <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Other <u>Downpayment for equipment</u>

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...
<b>SPS</b> Post Office Box 65250 Salt Lake City, UT 84165	Monthly	\$12,125.00	\$1.00	<input checked="" type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit Card <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other ____
<b>Delaware Place Associates, LLC</b> 1207 Delaware Avenue Buffalo, NY 14209	February 12, 2019	\$9,315.07	\$0.00	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit Card <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Other <u>Rent and security deposit</u>

## 7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

*Insiders* include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

☐ No

☒ Yes. List all payments to an insider.

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
<b>Holly Balaya</b> 231 Pierce Avenue Hamburg, NY 14075	Ongoing; approximately \$14,000.00 per month	\$168,000.00	\$0.00	Domestic support obligations
<b>Cassidy Lewis</b> 12712 Westside Village Windermere, FL 34786	December, 2018	\$1,000.00	\$0.00	Books
<b>Jessica Lewis</b> 231 Pierce Avenue Hamburg, NY 14075	\$2,000.00 in June, 2018 and \$2,400.00 in November, 2018	\$4,400.00	\$0.00	Tuition

## 8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.

☒ No

☐ Yes. List all payments to an insider

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
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**Part 4: Identify Legal Actions, Repossessions, and Foreclosures****9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

☐ No

☒ Yes. Fill in the details.

Case title Case number	Nature of the case	Court or agency	Status of the case
<b>Amanda Bolibrzuch - v. - Farkad Balaya MD et al</b> 810657/2015	Malpractice	NYS Supreme Court, Erie County	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
<b>Bankers Healthcare Group, LLC. - v. - Farkad Balaya, M.D., P.L.L.C. et al</b> 2016EF4136	Civil	NYS Supreme Court, Onondaga County	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
<b>Brandi Lee Groff and Brandon T. Groff vs. Kaleida Health, et al.</b> 003815/2011	Malpractice	NYS Supreme Court, Erie County	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
<b>Latisha Walker - v. - Farkad Balaya MD et al</b> 803490/2013	Malpractice	NYS Supreme Court, Erie County	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
<b>E.C. Mortgage Co, Inc. vs. Farkad Balaya MD et al</b> 806427/2015	Civil	NYS Supreme Court, Erie County	<input type="checkbox"/> Pending <input checked="" type="checkbox"/> On appeal <input type="checkbox"/> Concluded
<b>People of the State of New York vs. Farkad Balaya</b> 17080062	Civil	NYS Justice Court, Town of Hamburg	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

**10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?**  
Check all that apply and fill in the details below.

☐ No. Go to line 11.

☒ Yes. Fill in the information below.

Creditor Name and Address	Describe the Property Explain what happened	Date	Value of the property
<b>Ally Financial</b> Post Office Box 380901 Bloomington, MN 55438-0901	<b>2014 Chevrolet Suburban was surrendered by the Debtor and sold by the creditor on August 10, 2018</b>  <input checked="" type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized or levied.	<b>August, 2018</b>	<b>\$13,000.00</b>

Creditor Name and Address	Describe the Property Explain what happened	Date	Value of the property
<b>GM Financial</b> <b>Post Office Box 182963</b> <b>Arlington, TX 76096-2963</b>	<b>2011 GMC Terrain was surrendered by the Debtor and sold by the creditor on July 10, 2018</b>  <input checked="" type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized or levied.	<b>July, 2018</b>	<b>\$7,800.00</b>

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

- ☒ No  
☐ Yes. Fill in the details.

Creditor Name and Address	Describe the action the creditor took	Date action was taken	Amount
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12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

- ☒ No  
☐ Yes

#### Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

- ☒ No  
☐ Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
<b>Person to Whom You Gave the Gift and Address:</b>			

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

- ☒ No  
☐ Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600	Describe what you contributed	Dates you contributed	Value
<b>Charity's Name</b> <b>Address (Number, Street, City, State and ZIP Code)</b>			

#### Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

- ☒ No  
☐ Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of <i>Schedule A/B: Property</i> .	Date of your loss	Value of property lost

**Part 7: List Certain Payments or Transfers**

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

- ☒ No  
☐ Yes. Fill in the details.

Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
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17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

- ☒ No  
☐ Yes. Fill in the details.

Person Who Was Paid Address	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
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18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

- ☐ No  
☒ Yes. Fill in the details.

Person Who Received Transfer Address Person's relationship to you Various (see attached)	Description and value of property transferred Sale of various Disney timeshares (see attached)	Describe any property or payments received or debts paid in exchange \$64,617.24 in net sale proceeds were used by the Debtor for ordinary living expenses	Date transfer was made Various (see attached)
Unrelated Third Parties			

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called *asset-protection devices*.)

- ☒ No  
☐ Yes. Fill in the details.

Name of trust	Description and value of the property transferred	Date Transfer was made
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**Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units**

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- ☐ No  
☒ Yes. Fill in the details.

Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
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Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
Woodforest National Bank Post Office Box 7889 The Woodlands, TX 77387-7889	XXXX-4492	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other ___	2018	\$0.00

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

- ☒ No  
☐ Yes. Fill in the details.

Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
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22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

- ☒ No  
☐ Yes. Fill in the details.

Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
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#### Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

- ☒ No  
☐ Yes. Fill in the details.

Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value
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#### Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- ☒ **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- ☒ **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- ☒ **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- ☒ No  
☐ Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
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**25. Have you notified any governmental unit of any release of hazardous material?**

- ☒ No  
☐ Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
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**26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.**

- ☒ No  
☐ Yes. Fill in the details.

Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
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**Part 11: Give Details About Your Business or Connections to Any Business****27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?**

- ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time  
☒ A member of a limited liability company (LLC) or limited liability partnership (LLP)  
☐ A partner in a partnership  
☐ An officer, director, or managing executive of a corporation  
☐ An owner of at least 5% of the voting or equity securities of a corporation

- ☐ No. None of the above applies. Go to Part 12.  
☒ Yes. Check all that apply above and fill in the details below for each business.

Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN.  Dates business existed
Farkad Balaya, MD, PLLC 1275 Delaware Avenue, Suite 555 Buffalo, NY 14209	Medical practice Thomas D. Hyzy	EIN: 26-3875320  From-To December, 2008 to December, 2018
Farkad Balaya, MD, PC Post Office Box 850 Hamburg, NY 14075-0850	Medical practice N/A	EIN: 82-5139126  From-To Has never done business

**28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.**

- ☒ No  
☐ Yes. Fill in the details below.

Name Address (Number, Street, City, State and ZIP Code)	Date Issued
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**Part 12: Sign Below**

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Farkad Balaya

Farkad Balaya

Signature of Debtor 1

\_\_\_\_\_  
Signature of Debtor 2Date February 18, 2019

Date \_\_\_\_\_

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?☐ No☒ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☒ No☐ Yes. Name of Person \_\_\_\_\_. Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

In re: Farkad Balaya  
Case No. 19-\_\_\_\_\_

Attachment to Statement of Financial Affairs Question 18

Date	Purchaser Name	Purchaser Address	Description	Purchase Price	Net Proceeds
02/06/2018	Julia Wigley Eric Wigley	7020 30th Place Southwest Seattle, WA 98126	Undivided 1.4004% interest Unit 40B, Bay Lake Tower, Disney's Contemporary Resort	\$36,025.00	\$12,247.79
02/15/2018	Dennis J. Charland, Jr. Courtney V. Charland	30 Teaberry Lane Braintree, MA 02184	Undivided 1.0184% interest Unit 7B, Bay Lake Tower, Disney's Contemporary Resort	\$26,000.00	\$14,130.86
02/21/2018	James Byrd Kathryn Byrd	14615 Canterbury Street Leawood, KS 66224	Undivided 1.0184% interest Unit 7B, Bay Lake Tower, Disney's Contemporary Resort	\$27,000.00	\$14,727.80
03/08/2018	Richard Richter Tiffany Richter	121 North County Road 1100E Lerna, IL 62440	Undivided 0.5536% interest Unit 12, Disney's Animal Kingdom Villas	\$20,000.00	\$10,925.37
03/14/2018	Louise Puccio, Anthony Puccio, Jr. & Roxanne Gould	699 Garden Road Pittsgrove, NJ 08318	Undivided 1.3681% interest Unit 11, Disney's Animal Kingdom Villas	\$22,725.00	\$12,585.42
<b>TOTAL</b>				<b>\$131,750.00</b>	<b>\$64,617.24</b>

**United States Bankruptcy Court**  
**Western District of New York**

In re **Farkad Balaya**

Debtor(s)

Case No.

Chapter

**11**

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept .....	\$	<u><b>Usual hourly rates</b></u>
Prior to the filing of this statement I have received .....	\$	<u><b>25,000.00</b></u>
Balance Due .....	\$	<u><b>Usual hourly rates</b></u>

2. \$ **1,717.00** of the filing fee has been paid.
3. The source of the compensation paid to me was:  
☐ Debtor     ☒ Other (specify): **Farkad Balaya MD, PLLC**
4. The source of compensation to be paid to me is:  
☒ Debtor     ☐ Other (specify):
5. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.  
☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.
6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:  
a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;  
b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;  
c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;  
d. [Other provisions as needed]
7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

February 18, 2019

Date

/s/ Daniel F. Brown

**Daniel F. Brown**

Signature of Attorney

**Andreozzi Bluestein LLP****9145 Main Street****Clarence, NY 14031****(716) 633-3200 Fax: (716) 633-0301**

Name of law firm



**United States Bankruptcy Court  
Western District of New York**

In re **Farkad Balaya**

Debtor(s)

Case No.

Chapter

**11**

**VERIFICATION OF CREDITOR MATRIX**

The above-named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date: **February 18, 2019**

**/s/ Farkad Balaya**

**Farkad Balaya**

Signature of Debtor

Ally Financial  
Post Office Box 380901  
Bloomington, MN 55438-0901

Bankers Healthcare Group, LLC  
10234 W State Road 84  
Davie, FL 33324

Bankers Healthcare Group, LLC  
201 Solar Street  
Syracuse, NY 13204

Basil Lease Corp.  
4131 Sheridan Drive  
Williamsville, NY 14221

Brandi Lee Groff & Brandon Groff  
64 Riverdale Drive  
Grand Island, NY 14072

Capital Management Services, LP  
698 1/2 Ogden Street  
Buffalo, NY 14206-2317

Capital One  
Post Office Box 30285  
Salt Lake City, UT 84130-0285

Chase Card Services  
Post Office Box 15298  
Wilmington, DE 19850

Chiari & Ilecki, LLP  
1440 Rand Building  
14 Lafayette Square  
Buffalo, NY 14203

Delaware Place Associates, LLC  
1207 Delaware Avenue  
Buffalo, NY 14209

E.C. Mortgage Co., Inc.  
905 Harlem Road  
West Seneca, NY 14224

ERC  
Post Office Box 57610  
Jacksonville, FL 32241

Farkad Balaya, MD, PLLC  
1275 Delaware Avenue, Suite 555  
Buffalo, NY 14209

First Niagara Bank  
239 Van Rensselaer  
Buffalo, NY 14210

GM Financial  
Post Office Box 182963  
Arlington, TX 76096-2963

Greg Walton  
3487 Garry Road  
Bliss, NY 14024

Hamburg Town Prosecutor  
Town of Hamburg Justice Center  
S-6100 South Park Avenue  
Hamburg, NY 14075

Holly Balaya  
231 Pierce Avenue  
Hamburg, NY 14075

Internal Revenue Service  
Centralized Insolvency Operations  
Post Office Box 7346  
Philadelphia, PA 19101-7346

Kaleida Health  
d/b/a Women & Children's Hospital  
of Buffalo  
100 High Street  
Buffalo, NY 14203

Kaleida Health Federal Credit Union  
100 High Street  
Buffalo, NY 14203

Kaveh Vali, M.D.  
219 Bryant Street  
Buffalo, NY 14203

Keybank Cardmember Service  
Post Office Box 790408  
Saint Louis, MO 63179

KeyBank National Association  
Commercial Loan Department  
Post Office Box 94525  
Cleveland, OH 44101-4525

Krista Gottlieb, Esq.  
43 Court Street, Suite 1100  
Buffalo, NY 14202

Landmark Community Bank  
2 South Main Street  
Pittston, PA 18640

Latisha Walker  
100 Davidson Avenue  
Buffalo, NY 14215

MCA Fixed Payment LLC  
525 Broadhollow Road  
Melville, NY 11747

Nationstar Mortgage LLC  
d/b/a Mr. Cooper  
8950 Cypress Waters Boulevard  
Dallas, TX 75063

NeuroLogica Corporation  
Samsung Electronics America, Inc.  
14 Electronics Avenue  
Danvers, MA 01923

NYS Department of Labor  
Attn: Insolvency Unit  
Harriman State Office Campus  
Building 12, Room 256  
Albany, NY 12240

NYS Department of Taxation & Finance  
Bankruptcy Unit  
Post Office Box 5300  
Albany, NY 12205

OB/GYN Associates of Western New York  
4845 Transit Road, Suite B  
Depew, NY 14043

Orthodontists Associates of Western  
New York PC  
4031 Legion Drive  
Hamburg, NY 14075

Principis Capital  
499 Chestnut Street, Suite 108  
Cedarhurst, NY 11516

Rebecca J. Talmud, Esq.  
5707 Main Street, Floor 2  
Williamsville, NY 14221

Samuel A. Weissman, MD  
7379 East Vaquero Drive  
Scottsdale, AZ 85258

Shaw & Shaw, P.C.  
Attn: Christopher M. Pannozzo, Esq.  
4819 South Park Avenue  
Hamburg, NY 14075

Simons Agency Inc.  
4963 Wintersweet Drive  
Liverpool, NY 13088

Sprint Nextel Correspondence  
Attn: Bankruptcy Department  
Post Office Box 7949  
Overland Park, KS 66207-0949

SPS  
Post Office Box 65250  
Salt Lake City, UT 84165

Sunrise Medical Group  
3065 Southwestern Boulevard, Suite 102  
Orchard Park, NY 14127

The Sammarco Law Firm L.L.P.  
Attn: Andrea Lee Sammarco, Esq.  
1207 Delaware Avenue, Suite 219  
Buffalo, NY 14209

Verizon  
Attn: Bankruptcy Department  
500 Technology Drive, Suite 550  
Saint Charles, MO 63304

Verizon Wireless  
Bankruptcy Administration  
500 Technology Drive, Suite 550  
Weldon Spring, MO 63304

Vital Recovery Services, LLC  
Post Office Box 923748  
Peachtree Corners, GA 30010-3748

VW Credit, Inc.  
1401 Franklin Boulevard  
Libertyville, IL 60048

Weltman, Weinberg & Reis Co., LPA  
323 Lakeside Avenue, Suite 200  
Cleveland, OH 44113-1009